



COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



July 24, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers, Chief Probation Officer *J.P.*
Chair, Public Safety Realignment Team

Mark Delgado, Executive Director *MD*
Countywide Criminal Justice Coordination Committee

SUBJECT: Public Safety Realignment Implementation – July 2015 Update

Chaired by the Chief Probation Officer, the Public Safety Realignment Team (PSRT) coordinates the County's implementation of realignment. Since the program's inception, PSRT has provided quarterly reports to your Board on realignment implementation. In addition, the Chief Executive Office (CEO) has provided your Board quarterly updates on departmental performance measures and expenditures.

As reported to your Board in a June 18th memo from the CEO, these reports are being consolidated into one submission. PSRT's implementation reports will now be based on status updates on departmental measures that were established for the year. To that end, performance measures updates for the third quarter of Fiscal Year 2014-15 are included in Attachment A. The CEO's expenditure report for the third quarter of this fiscal year is included in Attachment B.

Departments have begun to establish new performance measures for Fiscal Year 2015-16 and beyond. The Probation Department and the Countywide Criminal Justice Coordination Committee (CCJCC) have engaged the National Institute of Corrections for assistance in this effort from a consultant in criminal justice metrics. Departments will also work with your offices and the CEO to ensure that new performance measures address priority areas.

Establishing new performance measures is one component of an ongoing and multi-component strategy to capture AB 109 outcomes and develop strategies for continual program improvement. The overall strategy also includes the launch of an AB 109 evaluation and development of the Justice Automated Information Management Statistics (JAIMS) system, as previously reported to your Board (Attachment C).

To supplement the attached performance measures matrix, departments have provided the following updates to highlight key implementation areas.

PROBATION DEPARTMENT

The Probation Department's AB 109 operation is organized into five functions: Pre-Release Center, HUB/Custody Liaison Operations, Direct Supervision, Local Law Enforcement Partnerships, and Community-Based Organization Services. The following update addresses notable areas with respect to performance measures of these functions.

HUB/Custody Liaison Operations

HUBS were established in partnership with the Department of Mental Health (DMH), Department of Public Health (DPH), and Department of Public Social Services (DPSS) to coordinate the multi-agency intake and assessment process for individuals on PRCS or split sentence mandatory supervision.

Table 1 – HUB/Custody Liaison Performance Measures

Benchmark	Output Status (Cumulative Year-to-Date)
<u>Services</u> 5,424 (454 monthly average) Cases Orientated 1,497 (124 monthly average) DMH referrals 4,142 (345 monthly average) DPSS referrals 2,786 (232 monthly average) CASC referrals	<u>Services</u> 5,761 (640 monthly average) Cases Orientated 1,494 (166 monthly average) DMH referrals 3,193 (355 monthly average) DPSS referrals 2,517 (280 monthly average) CASC referrals

The assignment of deputy probation officers (DPOs) to the Community Resource and Re-entry Center (CRRC) at the Twin Towers Inmate Reception Center has significantly impacted orientation and assessment outcomes. DPOs assigned to CRRC complete orientations and assessments of Post-Release Supervised Persons (PSPs) who are in custody for failing to report to Probation and of individuals pending release on mandatory supervision under a split sentence. The CRRC co-location has enabled the department to conduct intake and assessment on increasing number of AB 109 identified inmates prior to their release into the community.

Direct Supervision

Direct supervision DPOs hold supervised persons accountable for compliance with the terms of their release into the community and provide support and linkages to services to promote successful reentry.

Table 2 – Direct Supervision Performance Measures

Benchmark	Output Status (Cumulative Year-to-Date)
Arrests: 60% of PSPs, Splits, or P36 supervised persons will be free from misdemeanor or felony arrests while under supervision. (Does not include flash incarcerations or technical violations).	Arrests: 65% of PSPs, Splits, or P36 supervised persons remained arrest free while under active supervision.
<u>Supervision: (monthly average)</u> NA Completed LS/CMI risk assessments 8,500 Office visits 400 Case management plans 3,900 Field contacts 240 Mental health referrals 460 Substance abuse treatment referrals 160 Revocations processed 350 Office and field arrests	<u>Supervision</u> 441 (49 monthly average) LS/CMI risk assessments 85,161 (9,462 monthly average) Office visits 2,506 (278 per month) Case management plans 34,318 (3,813 monthly average) Field contacts 882 (98 monthly average) Mental health referrals 2491 (277 monthly average) Substance abuse referrals 1775 (197 monthly average) Revocations processed 3070 (341 monthly average) Arrests in office and field

Prior to this year, supervision DPOs utilized a basic case plan that was developed at the HUBs and there was no follow-up assessment to gauge evolving risk factors and needs. During the fiscal year, DPO training focused on the development and maintenance of appropriate, evidence-based case plans that address criminogenic risk factors. DPOs received training on the LS/CMI assessment for re-assessment of supervised persons under supervision.

It was noticed that the number of mental health referrals completed to date by supervision DPOs is less than the FY 2013/14 Benchmark. This may be due to a number of factors including but not limited to the following:

- A decrease in the AB 109 population resulted in fewer referrals.
- Training provided to DPOs on referrals for services and mental illness resulted in fewer but more appropriate referrals.
- The need for mental health treatment identified by PRC and/or HUB staff resulted in mental health referrals earlier in the supervision process.

Local Law Enforcement Partnerships

Local Law Enforcement partnerships were developed to establish a supportive relationship between the Probation Department and local law enforcement agencies. Through the co-location of DPOs, the Probation provides these agencies with resources to assist in the supervision and monitoring of the AB 109 population in the community.

Table 3 – Local Law Enforcement Partnerships Performance Measures

Benchmark	Output Status (Cumulative Year-to-Date)
<u>Services (estimated monthly average)</u>	<u>Services</u>
910 Compliance Checks	9560 (1062 monthly average) Compliance Checks
20 Office Arrests	157 (17 monthly average) Office Arrests
85 Field Arrests	1489 (165 monthly average) Field Arrests
200 Warrant Checks	2607 (290 monthly average) Warrant Checks
NA LLE Record Checks	12686 (1,410 monthly average) LLE Agency Record Checks
150 Ride-Alongs	2002 (222 monthly average) Ride-Alongs

During FY 2014/15, the Department increased the number of staff deployed to local law enforcement partnerships with the addition of four DPOs to a homeless pilot program in Skid Row. This effort enhanced the enforcement of supervision conditions and the delivery of services to PSPs and probationers who are among the Skid Row population.

Community-Based Organization (CBO) Services

Probation's contract for housing and employment services aims to provide the AB 109 population with the services and resources needed for successful reentry, including transitional housing, sober living environments, emergency shelters, specialized housing for those with medical needs, and employment training and placement.

Table 4 – CBO Services Performance Measures

Benchmark	Output Status (Cumulative Year-to-Date)
<u>Services</u>	<u>Services</u>
5,594 (466/month) Housing service referrals	3,504 (501/month) Housing service referrals (7/1/14 - 2/28/15)
2,037 (169/month) Employment services referrals	1,356 (194/month) Employment services referrals (7/1/14 - 2/28/15)
29% of clients received housing for longer than 6 months	22% of clients received housing services for longer than 6 months (7/1/14 - 2/28/15)

There has been a reduction in the proportion of clients receiving housing services during FY 2014-15. The Department plans to continue this trend by strengthening the contractor's case management strategy and by reinforcing to clients and staff that the housing services are designed to be *temporary*.

For longer term housing needs, Probation developed "Breaking Barriers," a rapid re-housing supportive housing model in partnership with DHS and their Brilliant Corners housing outreach contractor. The

program will provide rental subsidy and other supportive services for up to 24 months to eligible homeless individuals being supervised by Probation. Offering intensive case management services and individually tailored employment services, the program will serve individuals who, with stable housing and needed support, can pursue employment and, ultimately, non-subsidized housing.

DEPARTMENT OF PUBLIC HEALTH – SUBSTANCE ABUSE PREVENTION AND CONTROL (DPH-SAPC)

DPH-SAPC coordinates efforts to ensure that the AB 109 population has access to appropriate substance use disorder (SUD) treatment. The department provides the following update on treatment outcomes.

Treatment Activity

There were 1,585 SUD treatment admissions and 1,385 discharges from July 1, 2014 to April 30, 2015. Table 5 shows the rates of positive compliance at discharge (clients either completed treatment or left treatment with satisfactory progress) and negative compliance at discharge (clients left treatment with unsatisfactory progress).

Table 5 – Treatment Admissions and Discharges by Episodes from July 1, 2014 to April 30, 2015

Treatment Activity	Episodes
Admissions	1,585
Discharges	1,385
Positive Compliance	678 (49%)
Negative Compliance	598 (43%)
Other (Discharged due to death, incarceration, or other unknown reason)	109 (8%)

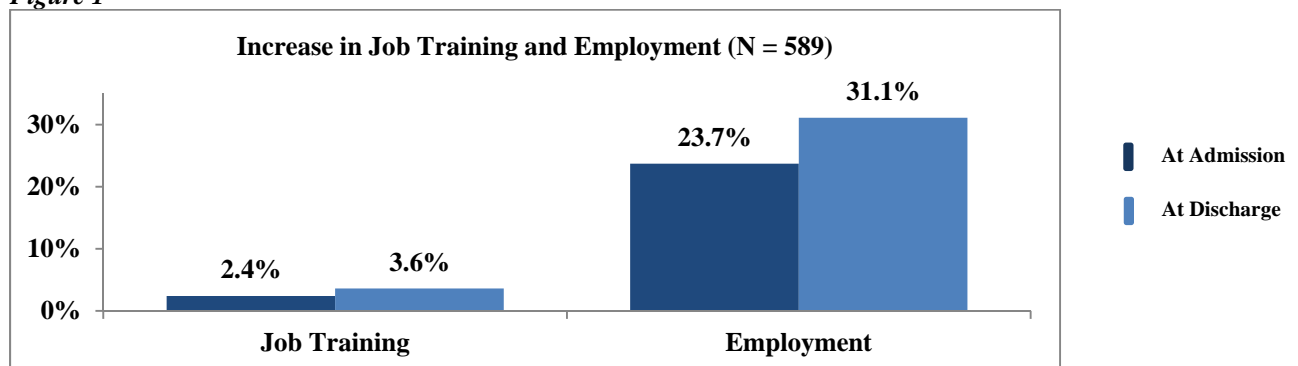
Note: Data is current as of 6/5/2015.

Seventy-one percent of clients who “engaged in treatment” (i.e. remained in treatment for at least 30 days) were discharged with positive compliance. Approximately eighty-five percent of clients who remained in treatment for at least 90 days were discharged with positive compliance.

Job Training and Employment

Following SUD outpatient treatment, AB 109 clients had a 50 percent increase in job training and 31 percent increase in employment from treatment admission to discharge based on percent change (Figure 1). The percent increase was much greater among those who were discharged with positive compliance.

Figure 1

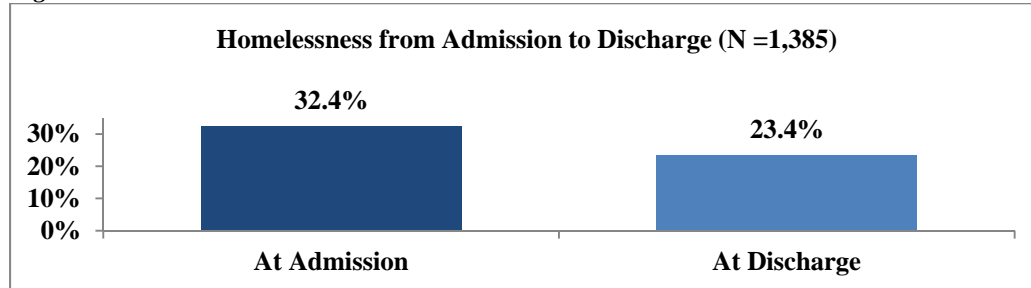


Note: Data is current as of 06/05/2015. Only outpatient clients included in job training and employment analysis; job training and employment are not applicable for residential treatment clients. Analysis data from July 1, 2014 to April 30, 2015.

Homelessness

Following SUD treatment, AB 109 clients had a 28 percent decrease in homelessness from treatment admission to discharge based on percent change (Figure 2). The percent decrease was much greater among those who were discharged with positive compliance.

Figure 2

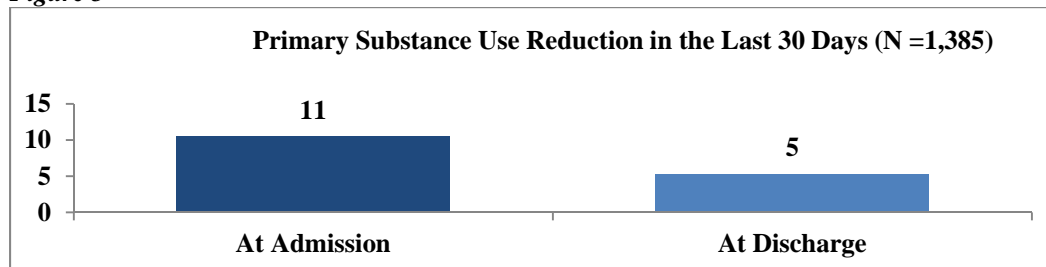


Note: Data is current as of 06/05/2015. Analysis data from July 1, 2014 to April 30, 2015.

Primary Substance Use

AB 109 clients who discharged from treatment (regardless of positive or negative compliance) had a significant reduction in primary substance use (Figure 3). The decrease was statistically significant: days of primary substance use decreased by 55 percent from admission to discharge (about 11 days to 5 days).

Figure 3

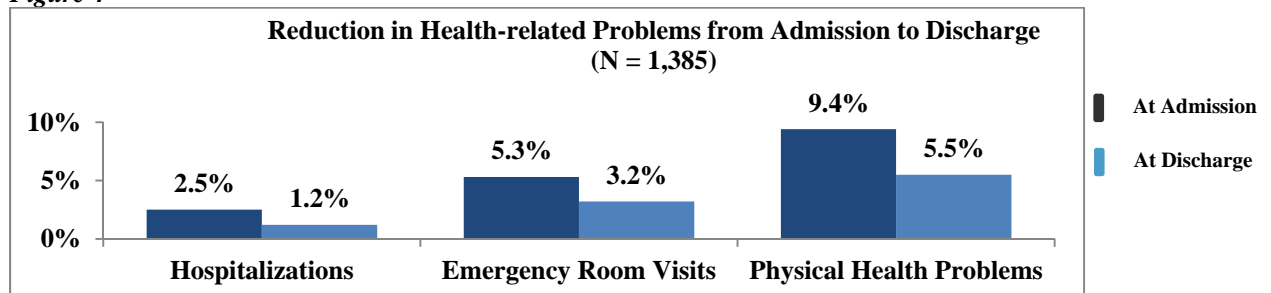


Note: Data is current as of 06/05/2015; Analysis data from July 1, 2014 to April 30, 2015.

Health-related Problems

Following SUD treatment, AB 109 clients had a 52 percent decrease in hospitalizations, 40 percent decrease in emergency room visits, and 41 percent decrease in physical health problems from treatment admission to discharge based on percent change (Figure 4). The percent decrease was much greater among those who were discharged with positive compliance.

Figure 4



Note: Data Current as of 06/05/2015; Analysis data from July 1, 2014 to April 30, 2015.

DEPARTMENT OF MENTAL HEALTH (DMH)

DMH coordinates efforts to ensure that the AB 109 population has access to appropriate mental health treatment in the community and while incarcerated, including co-occurring mental health and substance use disorders treatment. DMH highlights the following outcomes with respect to the department's performance measures that were established for Fiscal Year 2014-15.

Quality Assurance

Performance Target: Countywide Resource Management (CRM) will utilize a contract monitoring tool to evaluate at least 10 randomly selected client records annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June 2015.

Outcome: DMH has completed a quality assurance review of 11 AB 109 mental health contract providers (at 23 separate locations) during FY 2014-15, meeting its performance target for quality assurance. The review included 230 contract monitoring visits and client satisfaction surveys covering all outpatient programs. CRM is in the process of evaluating the findings.

Community Based Services – Urgent Care Centers

Performance Target: DMH will provide capacity for treatment admissions to the DMH Urgent Care Centers (UCC) as needed for PRCS clients.

Outcome: In September 2014, DMH opened its fourth Urgent Care Center (UCC), an LPS designated, UCC on the campus of Martin Luther King, Jr. Medical Center. DMH's four UCCs provide crisis intervention and stabilization services, including integrated services for co-occurring substance abuse disorders for individuals who would otherwise be taken to emergency rooms or incarcerated. UCCs served 1,037 AB 109 clients during FY 2014-15, with an average treatment cost per episode of \$680.

Community Based Services – Institution for Mental Diseases (IMD) Step-down Facilities

Performance Target: DMH will admit 400 PRCS clients annually into the department's IMD Step-down Facilities.

Outcome: DMH provides intensive residential mental health treatment, primarily for individuals transitioning from higher levels of institutional care, to promote successful reentry. DMH has met its goal of providing this level of care to at least 400 PRCS clients this year. In addition, DMH is currently collaborating with the Sheriff's Department to implement a pilot alternative-to-custody program for AB109 inmates. The goal is to identify eligible male inmates with mental illness who are at low security risk and are stable enough to complete the remaining 60-90 days of their sentence in a secure 42-bed community-based IMD Step-down facility.

Training for Community-Based Providers

Performance Target: Six specialized trainings will be developed and presented to DMH AB 109 contract and directly operated agency staff. Each training session will train 35-50 staff.

Outcome: To assist department and contract provider mental health treatment staff in their work with forensic clients, a specialized mental health training curriculum was developed. Five training sessions have been held on evidence-based practices related to trauma-focused treatment, co-occurring disorders, cognitive behavioral therapy, anti-social personality disorders, and benefits enrollment for the AB 109 population. A sixth training on treatment of sex offenders is scheduled for later this year.

In-Custody Mental Health Services

Performance Target: The FY 2013-14 benchmark for AB 109 clients that received community re-entry planning services will be increased by at least five percent. Fifty percent of clients referred to CRM for

linkage will be successfully linked to community services upon release from jail. Recidivism rates will remain under 30 percent for those who are successfully linked to services.

Outcome: As of March 31, 2015, 533 of Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET) AB 109 clients and 164 of Women's JMHS AB 109 clients received community re-entry planning services. This exceeds the annual target for males and is on schedule for meeting the annual target for females. Thirty-nine percent of the males and 26 percent of the females were successfully linked to community providers. In-reach groups are also conducted weekly by DMH Jail Mental Health Linkage staff and DMH contract provider staff as another means of engaging clients and planning for community re-entry.

DEPARTMENT OF HEALTH SERVICES (DHS)

DHS provides two primary types of services to AB 109 populations. The first is an expansion of the services DHS provided inmates prior to realignment: specialty care, diagnostic and therapeutic services, surgical services, emergency room services, and inpatient care to inmates, primarily at LAC+USC. Through the first three quarters of FY 14-15, DHS has provided 2,179 specialty care visits, 764 emergency department visits, and 235 inpatient admissions for a total of 975 inpatient days.

DHS also serves AB 109 inmates through the use of eConsult within the custody setting. Just as eConsult has transformed the ability of DHS clinicians to arrange specialty care for patients in the community, wait times for inmate-patients needing specialty care have been drastically reduced.

In addition, DHS provides services to individuals on PRCS. Since 2013, DHS has supported the medical care and transition of PSPs returning from prison to Los Angeles County. DHS has two positions assigned to Probation's Pre-Release Center: a clinical social worker and a registered nurse coordinator. The nurse coordinator position has been consistently filled, and the social worker position was filled in March 2015 after a vacancy.

To facilitate the reentry of individuals on PRCS, DHS and the State established a process through which CDCR electronically transmits agreed-upon portions of medical records to a secure file transfer site for DHS staff to access. The files, which include information such as the medical provider's most recent progress notes and a current medication list, are sent 60 days prior to release for all PSPs designated as medium or high risk by CDCR. This file transfer has greatly increased DHS' ability to assess cases for medical needs, since the pre-release packets often contain little or no medical information. This partnership with CDCR is one of a kind in the State and one that we hope other jurisdictions can model in the future.

Finally, an innovative program recently established by DHS leverages the Department's flexible housing subsidy pool to address housing needs of medically fragile AB 109 participants. Brilliant Corners, DHS' flexible housing subsidy pool contractor, identifies appropriate placement sites and coordinates the sharing of information to facilitate placement.

No PSPs have yet been housed through the program, however, as fewer PSPs than expected have been identified by Probation or DHS staff as requiring this level of care. In addition, some medically fragile PSPs who have been identified have refused housing in a board and care setting because they do not want their SSI payment to be used for this purpose. In other cases, PSPs have terminated PRCS, returned to custody, found placement in a board and care that did not require additional funding through this mechanism, or found alternative housing with relatives or in other settings.

While we anticipate the need for this level of care will be lower than previously anticipated, we expect to house the first PSP through this mechanism in Quarter 4 and believe the program will be a valuable

resource in the months to come. In addition, the model of this program can be extended for AB109 inmates preparing to reenter the community from custody settings under LASD's control. With a swift move toward supporting reentry for all corrections involved populations expanding this housing opportunity to all AB109 populations, not just the PRCS group, holds great potential.

SHERIFF'S DEPARTMENT – PAROLE COMPLIANCE TEAM (PCT)

The Sheriff's PCT provides enforcement support to the supervision of individuals on PRCS and works with local law enforcement agencies to ensure outstanding absconder warrants are tracked by law enforcement on an ongoing basis. The following highlights PCT outcomes through March 31st.

Absconder Apprehension

At the direction of the Board, the primary mission of PCT is the apprehension of PRCS absconders. In year one, PCT Teams located and arrested 40 absconders. In year two, 191 absconders were arrested, representing a 377% increase. In year three, 302 absconders were taken into custody – an additional 58% increase over the previous year. In the first three quarters of Fiscal Year 2014-15, 280 absconders were apprehended, continuing the upward trend of arrests.

Each absconder arrest averages approximately 95 man hours of work. This includes intelligence gathering and the use of investigative resources to obtain leads on possible locations of absconders.

Extradition

PCT has continued to see a trend of PRCS absconders leaving Los Angeles County to avoid apprehension. PCT works closely with the District Attorney's office to extradite absconders when they are arrested out of state. In the first three quarters of FY2014-15 the PCT has completed five extraditions from New York, Wisconsin, Nebraska, Texas, and Nevada.

Data Sharing

The development of an integrated PRCS database was identified as a critical requirement for the effective management of the PRCS population. In response, the California Department of Justice (DOJ) developed "Smart Justice," a web-based statewide data sharing solution that allows users to obtain and update information on PSPs. DOJ has completed the first phase of the system, integrating information from CDCR, DOJ, the Automated Jail Information System (AJIS), LARCIS, LEADS2, and the County's Adult Probation System (APS).

Crime analysts assigned to PCT currently use Smart Justice. Approximately 50 agencies currently participate, including the Probation Department, the Los Angeles Police Department, and various other local law enforcement agencies who input data for information sharing purposes. In the second phase of Smart Justice, users will have access to an "Inmate Locator" module that will allow users to access inmate information from all participating counties within the state.

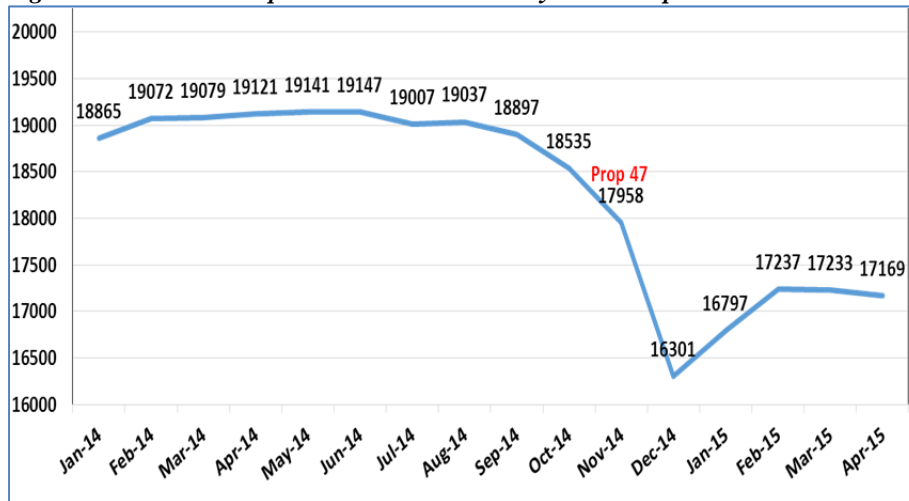
SHERIFF'S DEPARTMENT – CUSTODY OPERATIONS

Population Overview

The jail system's average daily inmate population (ADIP) has stabilized in recent months at approximately 17,200 following the dramatic drop experienced following the implementation of Proposition 47 (Figure 5). This does not include approximately 1,000 inmates participating in alternative custody programs.

With the population reduction due to Proposition 47, the Sheriff's Department has been able to adjust the percentage of time served for traditional county-sentenced inmates. They now serve 90 to 100 percent of their sentence, whereas they previously served 10 to 20 percent.

Figure 5 – Jail Total Population Trends: January 2014 to April 2015

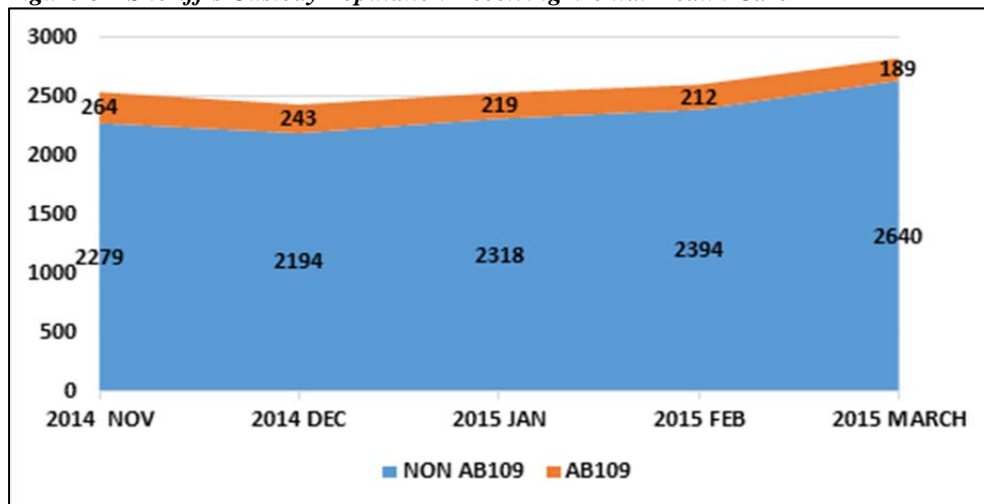


As previously reported, AB 109 continues to be a major driver of the population. During the first quarter of 2015, approximately 26 percent of the population consisted of AB 109 inmates, including individuals sentenced pursuant to PC 1170 (h) and those subject to PRCS or parole supervision revocation.

Mental Health Population

While the overall jail population has decreased, the jail's mental health population has not. In fact, although the number of AB 109 inmates receiving mental health care has decreased slightly, the total number of inmates receiving mental health care increased between January and March of 2015 (Figure 6).

Figure 6 – Sheriff's Custody Population Receiving Mental Health Care



Population Projections

Jail systems must be able to project population trends and evaluate potential impacts to the population due to legislative or policy changes. To meet this need, the Sheriff's Department has partnered with statisticians from the University of California, Irvine (UCI) to develop custody population projections. UCI is in the process of finalizing their population projection model, and statistically valid reports will likely be generated by UCI during the third quarter of 2015.

Population Management Strategies

The Sheriff's Department utilizes several population management strategies, including enhanced credit earning programs and community-based alternatives to custody treatment programs. The amount of custody credit earned by inmates participating in various programs is determined by California statute (Table 6).

Table 6 – Custody Credit Earning Programs

Program	Penal Code	Credit Earned	Qualifying Inmates
Good Time/Work Time	4019	Day for Day (1:1)	All Sentenced Inmates
Conservation Work Program	4019.1	One and One-half Days for Day (1.5:1)	All Sentenced Inmates
Fire Camp	4019.2	Two Days for Day (2:1)	AB109 Sentenced Inmates
Milestone (Credit for completing education programs)	4019.4	Up to Six Weeks per year	AB109 Sentenced Inmates

Eighty-five percent of the AB 109 sentenced population participated in a credit earning program during this quarter (Table 7). Of the total sentenced population in the jails (both AB 109 and traditional county sentenced), approximately 12 percent require intensive mental health treatment and 7 percent require restricted housing, which limits their access to programs. As a result, it is difficult to ensure that all AB 109 inmates have the ability to participate in credit earning programs.

Table 7 – Percentage of AB 109 Inmates Participating in Credit Earning Programs

Program	Number of AB 109 Participants	% of the AB 109 Population
Conservation Work Program	1,102	36%
Fire Camp	151	5%
Milestone	1,300	43%
Total	2,553	85%

Fire Camps

Fire camp training is provided to AB 109 sentenced inmates who meet the State's criteria for the program, including time left to serve, criminal history, and health and physical fitness level. While in training, inmates earn 1.5 days of credit for each day served through the Conservation Work Program. The daily average of inmates enrolled in fire camp training during the first quarter of 2015 was 86.

Once inmates have completed the fire camp training program, they receive 2 days of credit for each day served while awaiting transfer to a state fire camp facility and for each day served while participating in the program. The average number of inmates assigned to CDCR fire camps during the first quarter of 2015 was 149.

Bed Savings

Inmate participation in credit earning programs generates a savings of approximately 424 jail beds per year. This savings includes the participation of approximately 850 traditional county sentenced inmates who are participating in the Conservation Work Program (Table 8).

Table 8 – Jail Beds Saved by Various Credit Earning Programs

Program	Inmates in Program	ADIP Savings
Conservation	1,967	323
Fire Camp	151	37
Milestone	1,300	64
Total	3,418	424

Electronic Monitoring Program (EMP)

During the first quarter of 2015, 43 inmates were placed on EMP as an alternative to custody.

Table 9 – EMP Admissions and Discharges, January to March 2015

First Quarter 2015	Total Placed on EMP	Failed to Complete	Completed EMP*
Veteran Program	1	0	3
Transitional Case Management (HIV Program)	6	0	3
Male Program	1	0	0
Female Program	34	7	35
Women With Children	1	0	2
Quarterly Totals	43	7	43

* Several of the participants who completed the EMP program in this quarter had been placed in the program in a previous quarter.

Reentry Services

Community Re-Entry and Resource Center (CRRC)

The Sheriff's Department opened the Community Re-Entry and Resource Center (CRRC) in May 2014 at the Inmate Reception Center to assist inmates with reentry and link them to needed rehabilitative services and resources. Approximately 1,800 people utilized CRRC services between January and March of 2015.

Affordable Care Act (ACA) Enrollment Project

As previously reported to your Board, the Sheriff's Department implemented the ACA enrollment project in July 2014 in partnership with DMH, DPH, DHS, and DPSS to facilitate Medi-Cal applications for eligible sentenced inmates.

The program has been hugely successful. Table 10 provides Medi-Cal enrollment statistics for the first quarter of 2015:

Table 10 – ACA Enrollment Project Statistics, January to March 2015

	January	February	March	Totals
Direct inmate contact/In-Reach	884	758	954	2,596
Applications cleared by DPSS	262	303	531	1,096
Applications in queue	3	4	10	17
Applications approved by DPSS	259	299	521	1,079
Benefits received	152	186	230	568
Benefits denied	5	0	5	10

Vital Records Program

The lack of vital records presents a reentry barrier for justice-involved individuals. In response, the Sheriff's Department launched the Vital Records Program to help inmates obtain birth certificates and state identification cards.

Sheriff staff members have been deputized by the County Registrar-Recorder to facilitate birth certificate applications for inmates born in Los Angeles County who have requested a certified copy. The \$28 application fee is paid for by the Inmate Welfare Fund. Table 11 provides data on the number of birth certificate applications processed by the program through June 1, 2015.

Table 11 – Birth Certificate Applications Processed since Program Inception

Birth Certificate Request	2013	2014	2015	TOTALS
Total Birth Certificates Issued	2	109	69	180
Total Birth Certificate Request Unable To Process	8	24	1	33
Total Pending Birth Certificate Request	0	0	11	11
Total Birth Certificates Requested	10	133	81	224

The Sheriff's Department also partnered with the California Department of Motor Vehicle (DMV) in June 2014 to launch the State Identification Card Issuance Pilot Project. This pilot serves AB 109-sentenced inmates scheduled for release within 90-120 days who have been issued a California Identification Card or Driver License during the past 10 years. The 10-year limit is a DMV requirement so that the inmate's DMV photo on record can be used for a re-issued card.

Upon an inmate's request for an ID card, Sheriff staff gather the necessary documentation and processing fees from those who are eligible and send completed request packages to DMV for processing. DMV then returns the issued cards to the jail, and Sheriff staff provide them to inmates upon their release from custody. This pilot program only pertains to ID Cards; the inmates still must report to the DMV to obtain a driver license following their release.

Since the program's launch to June 1, 2015, the department has processed 634 applications for ID cards.

Developing Projects

START Program

The Sheriff's Department is partnering with DPH-SAPC to implement the Substance Treatment and Re-entry Transition (START) program. The program just launched at the end of June and has begun placing 15 sentenced female inmates into community substance use disorder treatment beds as an alternative custody placement. Once fully operational, this program will provide a total of 65 community beds for female participants.

"Normandie Village" and "Silverlake" Projects

The Sheriff's Department is partnering with DMH to extend the use of mental health treatment beds as a form of alternative custody. The first of these programs, "Normandie Village," is anticipated to be launched in the third quarter of 2015. Normandie Village will house approximately 42 low security male inmates in a supervised community mental health setting. Participants will also be placed on EMP.

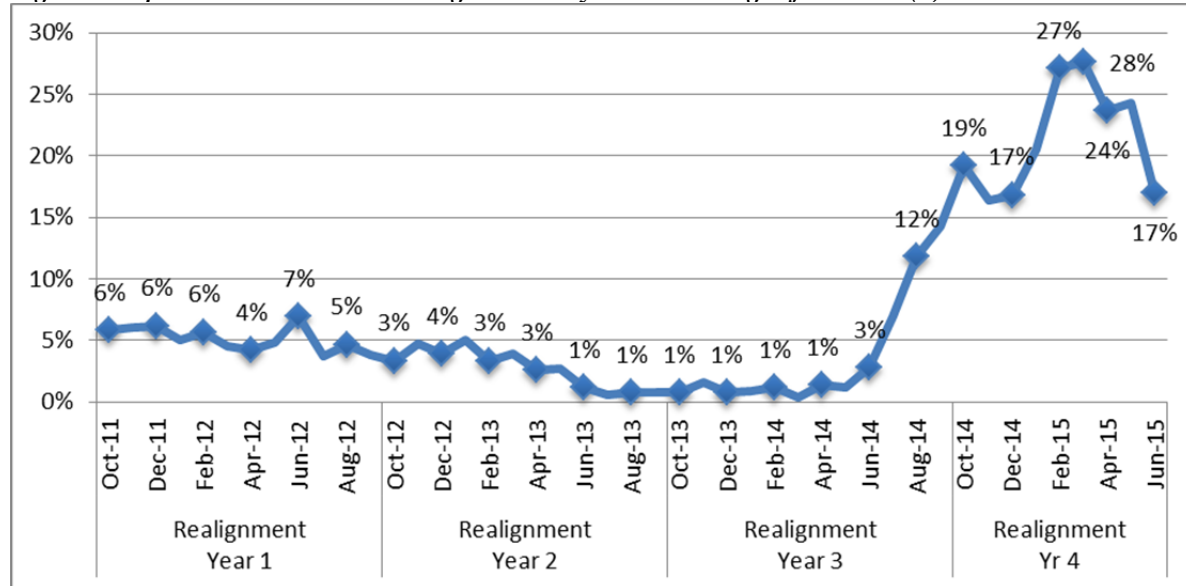
DMH and the Sheriff's Department are also partnering to obtain 30 licensed forensic beds for the mental health population. This program, known as the "Silverlake" project, is still in the planning and budget phase. The Sheriff's Department is currently developing a staffing model to determine the cost of providing security at the facility.

Both the Normandie Village and Silverlake projects are programs that will augment the work currently in process on mental health diversion by DMH, the court system, and the District Attorney's Office.

DISTRICT ATTORNEY'S OFFICE

The District Attorney's Office fully supports the use of split sentences in appropriate AB 109 cases, as split sentences provide for valuable mandatory supervision upon an individual's release from custody. Since the District Attorney formally announced her new policy regarding split sentences in June 2014, there has been a significant increase in the number of split sentences imposed (Figure 7).

Figure 7 – Split Sentence Use in Los Angeles County as a Percentage of PC 1170 (h) Sentences



It bears emphasis that split sentences are not always appropriate in every case – particularly, when restitution is owed to a victim. Currently, there is no local mechanism to collect restitution from persons sentenced pursuant to Penal Code section 1170 (h) – whether on a split sentence or not. This makes traditional probation a more desirable sentencing tool in such cases.

The District Attorney's Office has consistently assumed a leadership role regarding victims' rights and restitution collection and successfully sponsored recent legislation authorizing the local collection of restitution from individuals in custody or on supervision under AB 109.

The Office is currently chairing a CCJCC Restitution Task Force that seeks to implement these new laws. The task force is developing a comprehensive restitution collection and distribution plan for presentation to your Board in a separate report.

- c: Interim Chief Executive Officer
Acting Executive Officer of the Board of Supervisors
County Counsel
CCJCC Members
Civil Grand Jury

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
P R O B A T I O N	PROBATION DEPARTMENT		\$ 75,805,000		
	1. Community Supervision of PSPs and N3s	<u>1A. Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations). SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.	PSPs Split N3s Prop. 36 probationers Community-at-large	<u>Arrests:</u> 60% PSPs, Splits, or P36 supervised persons will be free from misdemeanor or felony arrests while under supervision. (does not include flash incarcerations or technical violations). <u>Supervision:</u> (monthly average) TBD Completed LS/CMI risk assessments 8,500 Office visits 400 Case management plans 3,900 Field contacts 240 Mental health referrals 460 Substance abuse treatment referrals 160 Revocations processed 350 Office and field arrests	LS/CMI risk assessments. Office visits with PSPs/N3s. New/revised case management plans. Field contacts with PSPs/N3s. Referrals for mental health treatment. Referrals for substance abuse treatment. Revocation reports to court.
		<u>1B. HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.	PSPs Split N3 Prop 36 probationers	<u>Services</u> 5,424 (monthly average 454) Cases Orientated 1,497 (monthly average 124) DMH referrals 4,142 (monthly average 345) DPSS referrals 2,786 (monthly average 232) CASC referrals	Conduct initial contact with PSPs to perform assessments, orientations, referral for services, and assignment to a field office DPO.
		<u>1C. Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs. PSP pre-release State prison files (packets) are coming from 33 different State prisons.	PSPs Split N3 Prop 36 probationers	<u>Services</u> 6,994 (582 monthly average) Packets Received 6,449 (537 monthly average) Packets Processed 296 (24 monthly average) Incoming Approved Transfers 324 (27 monthly average) Outgoing Approved Transfers	Process pre-release packets on PSPs received from CDCR to determine eligibility for PRCS, establish initial conditions of release, and determine PRCS service needs. Process incoming/outgoing inter-county transfers. Provide 24 hour telephone emergency assistance to local law enforcement, CBO providers, Tip Line, DCFS, and GPS alerts.
		<u>1D. Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.	PSPs Split N3s Prop. 36 probationers Local Law Enforcement	<u>Services</u> (estimated monthly average) 910 Compliance Checks 20 Office Arrests 85 Field Arrests 200 Warrant Checks NA LLE Record Checks 150 Ride-Alongs	Conduct compliance checks. Assemble operation plans. Disseminate pertinent PSP information to local law enforcement. Participate in local law enforcement taskforces. Conducting office & field arrests.
	2. CBO Services	A large number of PSPs are released from custody without employment prospects or housing.	PSPs Split N3s Prop. 36 probationers	<u>Services</u> 5,594 (466/month) Housing service referrals 2,037 (169/month) Employment services referrals 29% of clients received housing for longer than 6 months	Through a contracted agency, provide temporary housing, conduct job work assessments, provide job readiness workshops, provide job placement/retention services for supervised persons.
SHERIFF'S DEPARTMENT			\$ 181,072,000		

Attachment A					
ISSUE		JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS	
		Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target	
TOTAL AB109 BUDGET					
P R O B A T I O N	PROBATION DEPARTMENT				
	1. Community Supervision of PSPs and N3s	1A. <u>Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations). SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.	Increase number of LS/CMI risk assessments completed by supervision DPOs. Increase the number of case management plans completed by supervision DPOs. All other benchmarks to remain the same. The focus will be on developing and maintaining appropriate case plans that address all risk factors, through the implementation of the LS/CMI at the supervision level.	<u>Arrests:</u> 65% PSPs, Splits, or P36 supervised persons remained arrest free while under active supervision . <u>Supervision:</u> 441 (49 monthly average) LS/CMI risk assessments 85,161 (9,462 monthly average) Office visits 2,506 (278 per month) Case management plans 34,318 (3,813 monthly average) Field contacts 882 (98 monthly average) Mental health referrals 2491 (277 monthly average) Substance abuse referrals 1775 (197 monthly average) Revocations processed 3070 (341 monthly average) Arrests in office and field	Staff have continued to provide services at a level consistent with FY 2013-14 services. Training is being coordinated to enable field staff to update the LS/CMI assessment and develop evidence-based case plans.
		1B. <u>HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.	Maintain current level of service: The HUB is currently assessing all PSPs, N# Splits, and P36 supervised persons that report for orientation, assessment, and assignment. The Department has increased its capacity to provide orientation instructions through the placement of four (4) DPOs at the Community Re-entry and Resource Center at the LASD Inmate Reception Center.	Services: 5,761 (640 monthly average) Cases Orientated 1,494 (166 monthly average) DMH referrals 3,193 (355 monthly average) DPSS referrals 2,517 (280 monthly average) CASC referrals	Staff have continued to provide services at a level consistent with FY 2013-14 services.
		1C. <u>Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs. PSP pre-release State prison files (packets) are coming from 33 different State prisons.	Maintain current level of service.	Services 5,048 (561 monthly average) Packets Received 4,969 (552 monthly average) Packets Processed 4,901 (545 monthly average) Warrants Requested 256 (28 monthly average) Incoming Approved Transfers 355 (39 monthly average) Outgoing Approved Transfers	Staff have continued to provide services at a level consistent with FY 2013-14 services.
		1D. <u>Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.	Maintain current level of service: Co-located DPOs will continue to work with local law enforcement to provide supervision compliance checks in the community at the existing level of services.	Services 9560 (1062 monthly average) Compliance Checks 157 (17 monthly average) Office Arrests 1489 (165 monthly average) Field Arrests 2607 (290 monthly average) Warrant Checks 12686 (1,410 monthly average) LLE Agency Record Checks 2002 (222 monthly average) Ride-Alongs	Co-located DPOs have continued to work with law enforcement and provide compliance checks in the community at the existing level of services.
		2. CBO Services	A large number of PSPs are released from custody without employment prospects or housing.	Our performance target is to <u>reduce</u> the proportion of clients receiving housing services for longer than 6 months. 3,504 (501/month) Housing service referrals (7/1/14 - 2/28/15) 1,356 (194/month) Employment services referrals (7/1/14 - 2/28/15) 19% of clients received housing services for longer than 6 months (7/1/14 - 2/28/15)	There was another <i>reduction</i> in the proportion of clients receiving housing services during FY 2014-15. The Department has lowered this proportion by <u>3%</u> this quarter. The Department plans to continue this trend by strengthening the contractor's case management and reinforcing to clients and staff that the housing services are designed to be temporary.
SHERIFF'S DEPARTMENT					

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET		\$ 337,783,000			
S H E R I F F S	1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	N3 Parole Violator	Average daily population was 6,000 N3s	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.
	2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	N3	<u>No. of N3s graduates</u> 33 MERIT program 5 GED program 0 WITS (Women in Transition Support) 256 Gender Responsive and Rehabilitation 427 Misc. certificates	EBI Back on Track (BOT) will be implemented for AB109 inmates that will provide additional assessment, program placement, case management, and community transition services.
	3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division. AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	Parole Violators	Custody Division: 6 deputies Court Services: 3 deputies Number of parole hearings is subject to the court's schedule. Total number of parolees screened – 6,026 out of 10,825 that we ran Highest month total - 637 July Lowest month total - 305 November (Prop. 47 initiated)	Provide security, transport, escort Parole Agents, and court services.
	4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	PSP	258 PSP PAL arrests	1. Increase use of alternate investigative resources, i.e., Social media. 2. Collaborate with other law enforcement agencies. 3. Establish protocols with other County Departments. 4. Explore information sharing possibilities with other AB109 stakeholders (DPSS, DMH, DPH). 5. Advise and encourage absconders to use treatment programs after arrest.
		4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	PSP	3 PSP Extraditions	1. Locate high risk PSP absconders who are out-of-state. 2. Work with DA's Office to extradite AB109 absconders. 3. Develop contacts with out of state agencies.
		4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	PSP	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population.	1. The Smart Justice System is now active, with LASD Crime Analysts, Parole Compliance personnel and LAPD utilizing the system. 2. LASD has created a Parolee/Probationer Contact Form to capture information between LE and supervised persons. 3. The Parolee/Probationer Contact Form is currently being added to the Smart Justice System and will be available as a module in Smart Justice.

Attachment A					
		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
S H E R I F F S	1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.	<u>Average daily population</u> Q1: 5,600 N3s Q2: 5,298 N3s Q3: 4,216 Q4:	Due to the implementation of Proposition 47, the Department has seen a reduction in the number of N3 inmates from approximately 6,000 to 4,000. The Department has; however, begun to track and include the following N3 inmate populations that should have been captured in previous reports: *Parole Revocations *PRCS Revocations *Flash Incarcerations *Parole Holds
	2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	<u>N3 successful graduates</u> 3,000 MERIT program 25 GED program 100 WITS 500 Gender Responsive and Rehabilitation 1,700 Misc. certificates	<u>N3 successful graduates</u> 1,674 MERIT program 345 High School / GED program 75 WITS 380 Gender Responsive and Rehabilitation 1,193 Misc. certificates	* Merit Program scaled back in lieu of more academic programs (1238) and the Back on Track Pilot Program benefiting AB109 Inmates, GRR will be moving from TTCF back to CRDF. Miscellaneous certificates (973). WITs did not have a graduation but is set to hold a ceremony in May.
	3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division. AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	Maintain security, transport, and court services at current service levels. To provide security and escorts for Parole Agents while they do face to face serves and interviews of parolees at MCJ, IRC, MSB, and TTCF (Tower One and Tower Two).	Parole Screenings is utilized by eleven different Parole Agents that come in throughout the day. The current number of deputies assigned to the Parole Screenings unit is sufficient.	With the implementation of Prop 47 there was, initially, a noticeable drop in the number parolees served in Parole Screenings as noted. The numbers have steadily increased since that low.
	4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	Increase apprehension and arrests of absconders with active arrest warrants by 20%.	223 PSP PAL arrests	Each absconder arrest averages approximately 95 hours of work. The hours spent for apprehension of each absconder is tracked in PALTRAC. Intelligence has indicated that many absconders no longer reside within Los Angeles County. We have located and arrested absconders in San Bernardino, Riverside, Kern, and Orange counties.
		4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	Increase out of state extraditions by 25%.	5 PSP absconder extradited	We have information that several absconders are living in the Las Vegas, Nevada area. We are working with Nevada Law Enforcement agencies to locate and arrest the absconders. The Los Angeles DA's Office is currently approving all extraditions from this area.
4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.		Utilize the Smart Justice System to input information and monitor the AB109 population.	Eight Crime Analysts are currently assigned to the Parole Compliance Unit and they are currently using the Smart Justice System. All PSP contacts made in the field by the Parole Compliance Teams are uploaded to Smart Justice.		

ISSUE		TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET		\$ 337,783,000		
FIRE	5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	N3 <u>Male Average Daily Population</u> 150 N3s at the PDC training facility (180 bed capacity) 32 N3s transferred to fire camp each quarter 129 N3s in fire camps (418 bed capacity) Note-transfers did not occur until 11/06/13 3.7 months average fire crew service 116 N3s completed their sentence during the year <u>Female Average Daily Population</u> 4 N3s at the California Institute for Women (CIW) 1.5 N3s transferred to fire camp each quarter 2 N3s in fire camps (110 bed capacity) 9 months average fire crew service 5 N3s completed their sentence during the year	Population Management Bureau (PMB) ensures the inmate fire camp training facility at PDC is fully populated and remains at a sufficient level of male N3 inmates to maximize transfers of trained inmates to fire camps. PMB to screen and transfer eligible female inmates to CIW for training and placement to fire camp.
	FIRE DEPARTMENT		\$ 5,045,000	
	1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	N3 A total of 7 fire crew training classes were completed. Training is 6-8 weeks long with a class of up to 50 inmates. 335 N3s completed training during the year 269 N3s were transferred to a fire camp	Training and transition of N3 inmates into the Fire Camps.
	2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	N3 <u>N3 Average Daily Population</u> Camp 11 Acton (88 bed capacity) Camp 13 Malibu (110 female bed capacity) Camp 14 Francisquito (88 bed capacity) Camp 16 Holton (110 bed capacity) Camp 19 Julius Klein (132 bed capacity) Total capacity of 528 269 inmates served on a fire crew during the year	Supervise fire-related work projects and emergency incidents throughout California.
DEPARTMENT OF PUBLIC HEALTH		\$ 16,428,000		

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
	5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	<u>Male Average Daily Population</u> 180 N3s at the PDC training facility (180 bed capacity) 91 N3s transferred to fire camp each quarter 244 N3s in fire camps (418 bed capacity) <u>Female Average Daily Population</u> 6 N3s at the California Institute for Women (CIW) 5 N3s transferred to fire camp each quarter 10 N3s in fire camps (110 bed capacity)	<u>Male Average Daily Population</u> 84 N3s at the PDC training facility (180 bed capacity) 74 N3s transferred to fire camp each quarter 143 N3s in fire camps (418 bed capacity) 2.3 months average fire crew service 132 inmates completed their sentence during the year <u>Female Average Daily Population</u> 11 N3s at the California Institute for Women (CIW) training 2 N3s transferred to fire camp each quarter 8 N3s in fire camps (110 bed capacity) 9 months average fire crew service 8 inmates completed their sentence during the year	Reduced population of incoming AB109 inmates due to Proposition 47 is hindering the ability to fill all CDCR contracted Fire Camp beds. PMB is screening all AB109 inmates for Fire Camp program. Those who meet basic criteria are sent to MSB for medical screening. Female participation for the fire camp program has been complicated due to excessive medical disqualifications and competing programs that are less physically demanding. The Fire Camp Training Unit is conducting smaller more frequent wild land fire classes in conjunction with the Los Angeles County Fire Department in an effort to move inmates to CDCR camps.
	FIRE DEPARTMENT				
FIRE	1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	Successfully train and place 75% of AB109 inmates into the fire camps. This is based on training 300 inmates in 9 classes during 2014-15 and placing 225 inmates in the Camps.	A total of 10 fire crew training classes were completed and 380 inmates have been trained. 30 N3s are waiting for the next training class which begins on April 27, 2015. 17 N3s completed training on March 9, 2015, and 17 N3s were transferred to the camps by March 31, 2015. 290 N3s were transferred to a fire camp.	Fire is working with the Sheriff's Department in order to improve the process, in an effort to obtain additional AB109 prisoners to be trained and placed in the Fire Camps.
	2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	Fire is working with the Sheriff's Department to obtain additional trainees in order to increase the percentage of AB109 inmates in the camps. The goal for 2014-15 is to have the 225 inmates placed in the Camps serve on a fire crew.	<u>N3 Average Daily Population</u> Camp 11 Acton (88 bed capacity) Camp 13 Malibu (110 female bed capacity) Camp 14 Francisquito (88 bed capacity) Camp 16 Holton (110 bed capacity) Camp 19 Julius Klein (132 bed capacity) California Institute for Women (bed capacity N/A) Total 148.3 of 528 = 28.1% YTD average 290 inmates have served on a fire crew during the year.	Fire is also exploring alternatives at the women's camp (Camp 13) due to the low number of female AB109 inmates.
DEPARTMENT OF PUBLIC HEALTH					

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
DPH	1A. Community Based Services	Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients. Provide training to providers on how to work with the forensic population.	PSP	<u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total (303 at any given time) <u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services <u>Provider Meetings</u> 6 meetings (bi-monthly) <u>Trainings/Coaching</u> 4 conducted	Continue to provide treatment services to AB109 clients. Continue bi-monthly meetings with contracted treatment providers to monitor improvement and address challenges of SUD system of care. Meetings are used to discuss and address current and emerging issues, identify trends, and report progress. Provide trainings focused on evidence-based practices to contracted treatment provider network.
	1B. Community Based Services - Treatment Network Expansion	The treatment network and types of services need to be expanded due to shortage of providers and types of services throughout the County.	Contracted SUD Treatment Providers, PSP	<u>No. of Providers</u> 12 providers (71 locations throughout Los Angeles County)	Obtain Board of Supervisors approval to execute SUD master agreements work orders solicitations (MAWOS) with qualified treatment providers. Upon execution, train new treatment provider staff on programmatic and contractual requirements for AB109.
	1C. Community Based Services - Community Assessment Service Center (CASC)	CASCs conduct assessments to determine the severity of clients' SUD. Those with a positive assessment are referred to a contracted service provider.	PSP	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County) <u>Referrals</u> 6,475 individuals assessed at a CASC 97.6 % with positive assessments referred to treatment 56 % referred actually show-to-treatment	Continue to provide assessment and referral services to AB109 clients. Continue bi-monthly meetings with CASC to discuss emerging AB109 issues and establish recommendations that improve the assessment process and show rate at treatment from CASC. By June 30, 2015, implement a Pilot Project for CASC by selecting a new assessment pathway that improves case management and accounts for criminogenic needs.

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
D P H	1A. Community Based Services	Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients. Provide training to providers on how to work with the forensic population.	<u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total (303 at any given time) <u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services <u>Provider Meetings</u> 6 meetings (bi-monthly) <u>Trainings/Coaching</u> 4 conducted Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.	<u>*Treatment Admissions (cumulative)</u> 299 Inpatient/Residential 546 Outpatient 845 Total (334 at any given time) <u>*No. Individuals Receiving Services (cumulative)</u> 299 Residential Treatment 546 Outpatient Counseling (including Intensive Outpatient) 88 Residential Medical Detoxification 86 Alcohol and Drug-Free Living Centers (ADFLC) 20 Medication Assisted Treatment (MAT) services <u>Provider Meetings</u> 5 meetings <u>Trainings/Coaching</u> 4 conducted * NOTE: Admission numbers subject to change as AB 109 treatment providers continue to input client admission data beyond Performance Measures reporting period.	Clients are tracked by admissions, as many clients enter treatment more than once.
	1B. Community Based Services - Treatment Network Expansion	The treatment network and types of services need to be expanded due to shortage of providers and types of services throughout the County.	<u>No. of Providers</u> 18 providers, an increase of 50%. Obtain Board approval to execute SUD MAWOS by May 2015. <u>Services</u> • Residential Treatment • Outpatient Counseling (including Intensive Outpatient) • Residential Medical Detoxification • ADFLC • MAT services Add Narcotics treatment program (NTP) services by May 31, 2015. <u>Training</u> 100% New providers trained	<u>No. Providers</u> In progress. <u>Categories of Services</u> • Residential Treatment • Outpatient Counseling (including Intensive Outpatient) • Residential Medical Detoxification • ADFLC • MAT services Initiated NTP services: Pending. <u>Training</u> Subject to Board approval of new providers; All new providers trained	Applicants notified of results from the Master Agreement Work Order Solicitation application process in April 2015.
	1C. Community Based Services - Community Assessment Service Center (CASC)	CASCs conduct assessments to determine the severity of clients' SUD. Those with a positive assessment are referred to a contracted service provider.	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County) <u>Referrals</u> 6,475 individuals assessed at a CASC 97.6% with positive assessments referred to treatment 56 % referred actually show-to-treatment Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.	<u>No. Providers</u> 8 providers (13 locations throughout Los Angeles County) <u>*Referrals</u> 4,867 individuals assessed at a CASC 97% of those with positive assessments referred to treatment. *54% referred actually show-to-treatment. * NOTE: Show-to-treatment subject to change as AB 109 treatment providers continue to input client admission data beyond Performance Measures reporting period.	Focus groups for the Pilot Project are currently being conducted. Current show-to-treatment rate is 54%. Show-rate projected to increase after Pilot Project is implemented. * NOTE: Show-to-treatment subject to change as AB 109 treatment providers continue to input client admission data beyond Performance Measures reporting period.e Measures reporting period.

	ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	
TOTAL AB109 BUDGET		\$ 337,783,000			
	2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody N3 population. Pilot will also provide a community supervision option to female N3 population. Funding includes contract providers and one (1) Assistant Staff Analyst position at \$86,387/year.	N3	To be established in FY 2014-15.	1) Provide Drug Education services to male and female inmates at South Facility and Century Regional Detention Facility (CRDF). 2) Provide direct SUD treatment services to male and female inmates at South Facility and CRDF. 3) Provide community transition residential treatment for female inmates released from CRDF under alternative sentencing and placed under electronic monitoring. 4) Hire new staff; one Assistant Staff Analyst.
	3. Administrative Oversight	3A. <u>Contract Monitoring</u> DPH-SAPC staff provides ongoing programmatic, contractual, fiscal, and administrative oversight of Community Assessment Services Center (CASC) and SUD treatment programs.	PSP	<u>Contract Monitoring</u> 100% of contracted treatment providers and CASCs were monitored for contract and policy compliance. 85% of AB109 funding dedicated for treatment services has been utilized.	Provide ongoing technical assistance to contract providers on programmatic and contractual requirements for AB109. Maintain monitoring of contracted providers to ensure compliance of policies and procedures. Review the utilization rates of all contracted providers on a regular basis to ensure the appropriate and effective use of AB109 funding.
		3B. <u>Data Management</u> DPH-SAPC maintains TCPX, a web-based application designed to support the operational and administrative requirements of AB109. TCPX provides a "real time" connectivity between contracted providers, DPH-SAPC, and Probation. TCPX is used to inform AB109 clients' treatment plan and progress, collect client data for reporting, and assist Probation in tracking AB109 clients. DPH-SAPC will continue to contract with ISD who will perform ongoing maintenance and enhancement of TCPX.	PSP	<u>TCPX Compliance</u> 25% of treatment provider network in Full Compliance and 75% of treatment provider network in Partial Compliance with TCPX data management policies and procedures. 50% of quarterly audits indicate accurate data management.	Train treatment provider staff on updated features of TCPX and data management policies and procedures. Provide technical assistance to improve data management of contracted providers identified through quarterly audits.
DEPARTMENT OF MENTAL HEALTH		\$ 32,031,000			

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
	2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody N3 population. Pilot will also provide a community supervision option to female N3 population. Funding includes contract providers and one (1) Assistant Staff Analyst position at \$86,387/year.	<u>No. Individuals Receiving Services (cumulative)</u> 340 Drug Education 160 In-custody SUD treatment 260 Alternative custody treatment facility	<u>No. Individuals Receiving Services (cumulative)</u> X Average daily N3 SUD population (current quarter) X Drug Education X In-custody SUD treatment X Alternative custody treatment facility	Pending approval.
	3. Administrative Oversight	3A. <u>Contract Monitoring</u> DPH-SAPC staff provides ongoing programmatic, contractual, fiscal, and administrative oversight of Community Assessment Services Center (CASC) and SUD treatment programs.	<u>Contract Monitoring</u> 100% of SUD treatment providers and CASC are monitored for contract and policy compliance. 100% of AB109 contracted SUD treatment services funding fully utilized.	<u>Contract Monitoring</u> 4 Training/Coaching sessions with AB 109 SUD treatment providers. 59% of SUD treatment providers and CASC monitored for contract and policy compliance. 48% of AB 109 contracted SUD treatment funds utilized, as of December 31, 2015.	
		3B. <u>Data Management</u> DPH-SAPC maintains TCPX, a web-based application designed to support the operational and administrative requirements of AB109. TCPX provides a "real time" connectivity between contracted providers, DPH-SAPC, and Probation. TCPX is used to inform AB109 clients' treatment plan and progress, collect client data for reporting, and assist Probation in tracking AB109 clients. DPH-SAPC will continue to contract with ISD who will perform ongoing maintenance and enhancement of TCPX.	<u>TCPX Compliance</u> 75% in Full Compliance with TCPX data management policies and procedures. 75% of quarterly audits indicate accurate data management. Intention of improving upon FY 2013-14 benchmarks.	<u>TCPX Compliance</u> ??% Compliance with TCPX ??% of quarterly audits accurate	Due to time constraints, DPH-SAPC and ISD agreed to conduct audits from quarterly to a semi-annual basis. A semi-annual report for TCPX compliance and accuracy will be provided in the next quarterly report.
DEPARTMENT OF MENTAL HEALTH					

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$	337,783,000	
D M H	1. Administration & Oversight	<u>Countywide Resource Management (CRM)</u> Centralized coordination and monitoring of AB109 community-based services.	PRCS N3 CBO	<u>Overall PRCS/N3 Recidivism</u> 1,450 (64%) of 2,253 male clients assessed at HUBs were successfully linked to services. 663 (46%) of 1,450 male clients successfully linked, recidivated. 231 (46%) of 503 female clients assessed at HUB were successfully linked to services. 117 (51%) of 231 female clients successfully linked, recidivated.	Administrative, clinical and fiscal oversight of all AB109 services for DMH including onsite screening, assessment, linkage and referral services to the appropriate level of service for individuals with complex mental health issues and serious criminal justice histories.
	2. Community Based Services	<u>2A. DMH Direct Services</u> HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment. 5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)	PRCS	<u>Services (cumulative)</u> 1,601 PRCS files screened at Pre-Release Center (PRC) identified as possibly requiring mental health services. <u>DOC Clinic Services (13-14 cumulative):</u> Total: 382 291 (76%) of male PRCS (PSP, PSP-N3, N3-split) clients receiving DO outpatient services. 91 (24%) of female PRCS clients received DO outpatient services. 95 male N3 clients received DO outpatient services. 59 female N3 clients received DO services. <u>Recidivism (PSP, PSP-N3, N3-Split):</u> 116 (40%) of 291 male receiving DO outpatient services have been rearrested. 18 (20%) of 91 females receiving DO outpatient services have been rearrested. <u>Recidivism (N3):</u> 13 (14%) of 95 male N3s receiving DO outpatient services have been rearrested. 0 (0%) of 59 females receiving DO outpatient services have been rearrested.	Staff provide mental health services in revocation court, Pre-release Center, and HUBs. Office of Public Guardian staff provide conservatorship investigations and appointments. Monitor contract provider services.

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
D M H	1. Administration & Oversight	<u>Countywide Resource Management (CRM)</u> Centralized coordination and monitoring of AB109 community-based services.	<u>Quality Assurance</u> Monitor program's progress in meeting specific performance targets. CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2015. <u>Overall PRCS/N3 Recidivism</u> Recidivism rates for male and female clients assessed at the HUBs will remain the same.	<u>Quality Assurance</u> <u>11 contract providers (at 23 separate locations) had 10 charts each reviewed by CRM. Year-to-date 160 contract monitoring and client satisfaction measures from 20 separate outpatient locations have been collected.</u> <u>Overall PRCS/N3 Recidivism</u> <u>1st Quarter:</u> <u>653 of (75%) 874 of male clients assessed at HUBs were successfully linked to services. 272 (42%) of 653 male clients successfully linked, recidivated.</u> <u>88 (58%) of 152 female clients assessed at HUB were successfully linked to services.</u> <u>38 (43%) of 88 female clients successfully linked, recidivated.</u> <u>2nd Quarter:</u> <u>694 of (72%) 970 male clients assessed at HUBs were successfully linked to services.</u> <u>277 (40%) of 694 male clients successfully linked, recidivated.</u> <u>99 (59%) of 167 female clients assessed at HUB were successfully linked to services.</u> <u>43 (43%) of 99 female clients successfully linked, recidivated.</u> <u>3rd Quarter</u> <u>440 of (45%) 966 male clients assessed at HUBs were successfully linked to services.</u> <u>42 (10%) of 440 male clients successfully linked, recidivated.</u> <u>65 (43%) of 151 female clients assessed at HUB were successfully linked to services.</u> <u>11 (17%) of 65 female clients successfully linked, recidivated.</u>	
	2. Community Based Services	<u>2A. DMH Direct Services</u> HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment. 5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)	<u>No. of Providers</u> 37 providers with locations throughout Los Angeles County <u>Services</u> (cumulative) 100% of PRCS files screened with possible mental health needs. 100% of PRCS clients assessed at HUBs with mental health needs 75% of PRCS will show-to-treatment (Directly Operated Clinics). 20% of N3s will show to treatment (Directly Operated Clinics)	37 DO mental health providers throughout Los Angeles County 1st Quarter Services: Total clients: 68 57 (84%) of 68 male PRCS (PSP, PSP-N3, N3-splits) clients received DO outpatient services. 11 (16%) of 68 female PRCS clients received DO outpatient services. 7 male N3 clients received DO outpatient services. 6 female clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) - 23 males (40%) of 57 receiving DO outpatient services have been rearrested. 3 females (18%) of 11 receiving DO outpatient services have been rearrested. - 3 (42%) of 7 male N3s receiving DO outpatient services have been rearrested. - 0 (0%) of 6 females receiving DO outpatient services have been rearrested. 2nd Quarter Services: Total clients: 111 - 92 (83%) of 111 male PRCS clients received DO outpatient services. 19 (17%) of 111 female PRCS clients received DO outpatient services. - 8 male N3 clients received DO outpatient services. 4 female clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) : - 8 (10%) males of 92 receiving DO outpatient services have been rearrested. 4 (11%) females of 19 receiving DO outpatient services have been rearrested. - 1 (13%) of 8 male N3s receiving DO outpatient services have been rearrested. 1 (25%) of 4 females receiving DO outpatient services have been rearrested. 3rd Quarter Services: Total clients: 153 - 133 (87%) of 153 male PRCS clients received DO outpatient services. 20 (13%) of 153 female PRCS clients received DO outpatient services. - 38 male N3 clients received DO outpatient services. 29 female N3 clients received DO outpatient services. Recidivism (PSP, PSP-N3, N3-splits) : - 29 (22%) males of 133 receiving DO outpatient services have been rearrested. 3 (15%) females of 20 receiving DO outpatient services have been rearrested. - 0 of 38 male N3s receiving DO outpatient services have been rearrested. 0 of 29 females receiving DO outpatient services have been rearrested.	Unless otherwise indicated, Community Based Services budget encompasses all sub-categories.

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
	2B. <u>State Hospital</u> Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.	PRCS	<u>Treatment Admissions: State Hospital</u> 5 clients FY 2013-14 total cost: \$321,062 4 person bed capacity \$647 Average daily cost per client	Provide intensive, locked mental health treatment for individuals in need of the highest level of care. Continue to provide services as clinically indicated.	
	2C. <u>IMD Contracts</u> Provide locked long-term mental health residential treatment.	PRCS	<u>Treatment Admissions: IMD</u> 59 clients FY 2013-14 total cost: \$1,188,074 14 person bed capacity \$250 Average treatment cost per client	Expand IMD bed resources for forensic populations, including RSOs. Continue to expand IMD contracts and develop IMD bed resources for PRCS population.	
	2D. <u>IMD Step-down Contracts</u> Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.	PRCS	<u>Treatment Admissions: IMD Step-down</u> 172 clients / 11,829 claims 85 Bed capacity \$140 Average treatment cost per client per day	Provide intensive residential mental health treatment for individuals in need of this level of care. Continue to provide services as clinically indicated.	
	2E. <u>In-patient Contracts</u> Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.	PRCS N3	<u>Treatment Admissions: FFS hospitals</u> 342 clients / 3,228 claims Bed capacity as needed \$585 Average treatment cost per client	Provide acute inpatient services based on clinical need. Continue to provide services as clinically indicated.	

ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TAL AB109 BUDGET			
2B. <u>State Hospital</u> Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.	<u>Treatment Admissions: State Hospital</u> To provide State Hospital level of care as needed	<u>Treatment Admissions: State Hospital</u> 1st Qtr: 4 clients / \$156,206 expenditure 2nd Qtr: 1 client / \$47,711 expenditure 3rd Qtr: 1 client / \$47,711 expenditure 4th Qtr: 5 total admissions year-to-date \$647 Average treatment cost per client Yearly allocation: \$944,000 /365/\$647 = 5 beds	
2C. <u>IMD Contracts</u> Provide locked long-term mental health residential treatment.	<u>Treatment Admissions: IMD</u> IMD level of care as needed Serve 14 individuals in allocated IMD beds	<u>Treatment Admissions: IMD</u> 1st Qtr: 22 clients / \$153,388 expenditure 2nd Qtr: 16 clients / \$199,484 expenditure 3rd Qtr: 4 clients / \$ 27,798 4th Qtr: 42 Total Admissions year-to-date 14 Bed capacity \$250 Average daily treatment cost per client	
2D. <u>IMD Step-down Contracts</u> Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.	<u>Treatment Admissions: IMD</u> 400 PRCS clients served annually 85 Bed capacity	<u>New Treatment Admissions: IMD Step-down</u> 1st Qtr: 149 clients / 3,687 claims 2nd Qtr: 153 clients / 2,602 claims 3rd Qtr: 162 clients/ 3,620 claims 4th Qtr: 364 Total admissions year-to-date 85 Bed capacity \$140 Average treatment cost per client per day.	
2E. <u>In-patient Contracts</u> Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.	<u>Treatment Admissions: FFS hospitals</u> Bed capacity: as needed	<u>Treatment Admissions: FFS hospitals</u> 1st Qtr: 123 clients / 816 claims 2nd Qtr: 70 clients / 233 claims 3rd Qtr: 87 clients / 370 claims 4th Qtr: 280 Total admissions / 1,419 claims Bed capacity as needed \$585 Average treatment cost per client per day.	

ISSUE		TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET		\$ 337,783,000		
	2F. <u>Non-Medi-Cal Contracts</u> Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.	PRCS	<u>Treatment Admissions: PDP, SD, and County hospitals</u> PDP: 2 SD: 26 County Hospitals: 595 Bed capacity: as needed	Provide indigent/non-Medi-Cal reimbursable acute inpatient services based on clinical need. Continue to provide services as clinically indicated for non-Medi-Cal patients.
	2G. <u>Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.	PRCS	<u>Treatment Admissions: Urgent Care</u> 836 clients / 2,342 claims 60 Bed capacity Urgent Care: \$422 Average daily treatment cost per client <u>Treatment Admissions: Crisis Residential</u> 30 clients / 568 claims 15 person bed capacity Crisis Residential: \$680 Average daily treatment cost per client	Provide capacity in Urgent Care Centers for PRCS population. Continue to provide services as clinically indicated.
	2H. <u>General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.	PRCS	<u>Treatment Admissions: General Outpatient Services</u> FY 13-14 Cumulative (Total clients: 1121) 948 males (85%) PRCS clients received outpatient contract services 173 females (15%) PRCS clients received outpatient contract services 476 males (50%) of 948 receiving outpatient contract services, recidivated. 75 females (43%) of 173 receiving outpatient contract services, recidivated.	Provide forensic mental health treatment for individuals in need of the various levels of outpatient care. Continue to provide services as clinically indicated.
	2I. <u>Medications</u> Stabilization of symptoms through medication intervention.	PRCS	Number of Individuals Receiving Medication: 1,973 total unique clients receiving medication FY 2013-14 Expenditures: \$1,868,502 \$947 average medication cost per client	Provide psychotropic medications to all PRCS who meet clinical criteria for medication support. Continue to provide services as clinically indicated.

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
		2F. <u>Non-Medi-Cal Contracts</u> Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.	<u>Treatment Admissions: PDP hospitals</u> Continue to provide services as clinically indicated for non-Medi-Cal patients. Bed capacity: as needed.	<u>Treatment Admissions: PDP, SD, County hospitals</u> PDP: SD: County Hospitals: 1st Qtr: 1 client 1st Qtr: 0 clients 1st Qtr: 205 clients 2nd Qtr: 0 clients 2nd Qtr: 1 client 2nd Qtr: 124 clients 3rd Qtr: 0 clients 3rd Qtr: 2 clients 3rd Qtr: 97 clients 4th Qtr: 4th Qtr: 4th Qtr: Bed capacity: as needed	
		2G. <u>Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.	<u>Treatment Admissions: Crisis/Urgent Care</u> As-needed UCC Bed capacity: 60 Crisis Residential Bed Capacity: 15	<u>Treatment Admissions: Urgent Care</u> 1st Qtr: 342 clients / 750 claims 2nd Qtr: 372 clients / 807 claims 3rd Qtr: 323 clients / 650 claims 4th Qtr: 1037 Total admissions / 2207 claims 60 Bed capacity \$680 Average treatment cost per client <u>Treatment Admissions: Crisis Residential</u> 1st Qtr: 15 clients/ 189 claims 2nd Qtr: 15 clients/ 118 claims 3rd Qtr: 22 clients / 266 claims 4th Qtr: 42 Total admissions / 573 claims 37 Bed capacity \$420 Average treatment cost per client	
		2H. <u>General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.	<u>Treatment Admissions: General Outpatient Services</u> 85% of male PRCS clients will receive outpatient contract services. 12% of female PRCS clients will receive outpatient contract services. Recidivism rates will remain constant.	<u>1st Quarter: Total clients: 515</u> 451 male (88%) PRCS received outpatient contract services. 64 female (12%) PRCS received outpatient contract services 215 male (48%) of 451 receiving outpatient services, recidivated. 24 female (38%) of 64 receiving outpatient services, recidivated. <u>2nd Quarter: Total: 428 clients</u> 373 male (87%) PRCS received outpatient contract services. 55 female (13%) PRCS receiving outpatient contract services. 218 male (58%) of 373 receiving outpatient contract services, recidivated. 28 female (51%) of 55 receiving outpatient contract services, recidivated. <u>3rd Quarter: Total: 457 clients</u> 396 male (87%) PRCS received outpatient contract services. 61 female (13%) PRCS receiving outpatient contract services. 229 male (58%) of 396 receiving outpatient contract services, recidivated. 27 female (44%) of 61 receiving outpatient contract services, recidivated.	
		2I. <u>Medications</u> Stabilization of symptoms through medication intervention.	As-needed	<u>No. Individuals Receiving Medication</u> 904 Total unique clients receiving medication. Expenditures for medication: 1st Qtr: \$142,283 2nd Qtr: \$213,172 3rd Qtr: \$162,488 \$233 average medication cost per client	

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
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TOTAL AB109 BUDGET		\$ 337,783,000			
		<p>2J. <u>Training</u></p> <p>Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.</p> <p>Specialized AB109 Trainings:</p> <p>Design an AB109-specific training curriculum in concert with the Training Bureau.</p> <p>Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.</p>	<p>DMH staff</p> <p>Contract providers</p>	<p>January 27, 2014: Assessment and Treatment of AB109 population;</p> <p>February 27, 2014: Co-occurring Disorders Assessment with the Forensic Population;</p> <p>March 27, 2014: High Fidelity Cognitive Behavioral Treatment/EBP;</p> <p>April 9, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP);</p> <p>May 29, 2014: Complex World of Anti-Social Personality Disorders;</p> <p>June 26, 2104: Crisis Oriented Recovery Services/EBP Model.</p> <p>All trainings were completed by June, 2014.</p> <p>Training completed to 99 Probation officers on management of PSPs with mental illness.</p>	<p>Design a curriculum to enhance knowledge and practices related to engagement and treatment of persons with mental health and co-occurring disorders with criminal justice backgrounds.</p> <p>Countywide Resource Management will manage this project with the Training Bureau, developing a curriculum that incorporates evidence-based and best-practices concepts.</p> <p>□</p>
3. In-Custody Services		<p>3A. <u>Mental Health Court Program (MHCP)</u></p> <p>Same day mental health assessment of PRCS at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.</p>	PCRS	<p><u>Services</u></p> <p>100% of PRCS referred for mental health assessments were seen in Revocation Court.</p> <p>1,278 unique clients were reconnected or newly connected with services during the revocation process.</p> <p>726 (57%) of the 1,278 clients were successfully linked - actually showed-to-treatment.</p> <p>544 (75%) of 726 clients successfully linked to services, recidivated.</p>	<p>Staff provide assessment, linkage, and navigation services to PRCSs at the two AB109 Revocation Courts.</p>

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
		2J. <u>Training</u> Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds. Specialized AB109 Trainings: Design an AB109-specific training curriculum in concert with the Training Bureau. Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.	Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff: • Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP) • Co-occurring Disorders Assessment with the Forensic Population • High Fidelity Cognitive Behavioral Treatment/EBP • Complex World of Anti-Social Personality Disorders • SSI Benefits for the AB109 Population • Treatment of Sexual Offenders Each training session will train 35-50 DMH and contracted provider staff.	Specialized training curriculum has been developed and scheduled for six AB109 trainings incorporating evidence-based practices, commencing November 2014. Year-to-date, four of the trainings were completed: November 5, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP) December 2, 2014: Co-occurring Disorders Assessment with the Forensic Population January 21, 2015: High Fidelity Cognitive Behavioral Treatment/EBP February 18, 2015 Complex World of Anti-Social Personality Disorders	
3. In-Custody Services	3A. <u>Mental Health Court Program (MHCP)</u> Same day mental health assessment of PRCS at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.	<u>Services</u> 100% PRCSs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services. 1,000 clients will be reconnected or newly connected with services. 600 (60%) will actually show to treatment (successful linkage). Recidivism rates for FY 2014-15 will remain the same.	<u>Services</u> 100% PRCS in Revocation Court who were referred for mental health assessments were seen. 1st Qtr: 560 unique clients were reconnected or newly connected with services during the revocation process. 207 (37%) of 560 actually show-to-treatment (successful linkage). 2nd Qtr: 490 unique clients were reconnected or newly connected with services during the revocation process. 173 (35%) of 490 clients actually show-to-treatment (successful linkage). 3rd Qtr: 484 unique clients were reconnected or newly connected with services during the revocation process. <u>210 (43%) of 484 clients actually show-to-treatment (successful linkage).</u> <u>Recidivism</u> 1st Qtr: 150 (73%) of 207 clients who successfully linked to community services, recidivated. 2nd Qtr: 109 (63%) of 173 clients who successfully linked to community services, recidivated. 3rd Qtr: 133 (63%) of 210 clients who successfully linked to community services, recidivated_		

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET		\$ 337,783,000			
		<u>3B. Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)</u> Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	N3 PRCS	<u>Re-Entry Planning Services (Male AB109)</u> 383 Men's JMHS/JMET clients received community re-entry planning services as evidenced by referral to CRM for linkage. <u>Post-Release Treatment (Male AB109)</u> 174 (46%) of 383 Men's JMHS/JMET clients were successfully linked to community services upon release from jail. <u>Recidivism</u> 39 (22%) of 174 JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.	Provide treatment to PRCS and N3s with mental illness and co-occurring substance use disorders: <ul style="list-style-type: none">• Psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy;• Facilitate the establishment of mental health conservatorships; and• Increase community re-entry planning activities, including conducting community readiness education and substance abuse recovery groups, and making referrals to CRM for linkage with community providers. <u>Special Housing Units</u> Provide medication services, clinical care, substance abuse counseling, and community re-entry planning activities. <u>General Population Housing Units</u> Provide crisis intervention and outreach services, and medication support and community re-entry planning. Assist with coordination and management of AB109 services; provide support for statistical and database management. Facilitate and co-lead weekly community readiness groups.
		<u>3C. Women's Jail Mental Health Services (JMHS)</u> AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	N3 PRCS	<u>Re-Entry Planning Services (Female AB109)</u> 202 Women's JMHS clients received community re-entry planning services. 91 (45%) of 202 Women's JMHS clients were successfully linked to community services upon release from jail. <u>Recidivism</u> 4 (4%) of 91 Women's JMHS clients who successfully linked to community services were subsequently re-arrested.	Provide treatment to N3s with mental illness and co-occurring substance use disorders • Provide psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy: <ul style="list-style-type: none">• Increase community re-entry planning activities, including referrals to CRM; and• Group interventions, including community readiness education and substance abuse recovery groups. <u>General/Special Population Housing Units:</u> Provide crisis intervention and outreach services, medication support, substance abuse counseling, and community re-entry planning activities. Facilitate and co-lead weekly community readiness groups.

ISSUE		JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
		Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET				
	<u>3B. Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)</u> Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	<u>In-Custody Services</u> <u>Re-Entry Planning Services</u> Increase the existing benchmark by at least 5% for number of Men's JMHS/JMET clients that will receive community re-entry planning services. <u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 30%.	<u>1st Quarter:</u> 68 of Men's JMHS/JMET clients received community re-entry planning services. 28 (41%) of 68 clients were successfully linked to community services upon release from jail. 11 (39%) of 28 Men's JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested. <u>2nd Quarter:</u> 80 of Men's JMHS/JMET clients received community re-entry planning services. 35 (44%) of 80 JMHS/JMET clients were successfully linked to community services upon release from jail. 12 (34%) of 35 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested. <u>3rd Quarter:</u> 385 of Men's JMHS/JMET clients received community re-entry planning services. 147 (38%) of 385 JMHS/JMET clients were successfully linked to community services upon release from jail. 21 (14%) of 147 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.	
	<u>3C. Women's Jail Mental Health Services (JMHS)</u> AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	<u>Re-Entry Planning Services (Female AB109)</u> Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services. <u>Post-Release Treatment</u> 50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail. <u>Recidivism</u> Recidivism rates will remain under 30%.	<u>1st Quarter:</u> 56 of Women's AB 109 clients received community re-entry planning services. 20 (36%) of 56 of clients were successfully linked to community services upon release from jail. 5 (25%) of 20 Women's AB 109 clients who were successfully linked to community services were subsequently re-arrested. <u>2nd Quarter:</u> 41 of Women's JMHS clients received community re-entry planning services. 13 (32%) of 41 Women's AB 109 clients were successfully linked to community services upon release from jail. 4 (31%) of 13 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested. <u>3rd Quarter:</u> 67 of Women's JMHS clients received community re-entry planning services. 10 (15%) of 67 Women's AB 109 clients were successfully linked to community services upon release from jail. 4 (40%) of 10 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested.	

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
		3D. <u>Jail In-Reach Program</u> DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.	N3 PRCS	DMH AB109 outpatient and IMD step-down contracted providers and JMHS staff co-facilitated weekly community readiness and pre-release planning groups. Benchmark to be established in FY 2014-15.	DMH AB109 outpatient and IMD step-down programs co-facilitate weekly community readiness and pre-release planning groups in the Men's and Women's JMHS programs.
4. Pilot Program		<u>Alternative Custody</u> Program is in development. Funding has been set aside.		TBD	TBD
5. Other Revenue		[Medi-Cal FFP, State EFPSDT SGF, MCE]			
DEPARTMENT OF HEALTH SERVICES			\$ 16,277,000		
1. Inmate Medical Services at LAC+USC Medical Center		AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	N3	<u>Outpatient Services</u> 3,909 specialty care visits 776 emergency department visits <u>In-patient Services</u> 324 Total N3 patients (cumulative) <ul style="list-style-type: none">• 256 jail ward admissions• 68 off ward admissions (general hospital bed)• No patients transferred outside of LAC+USC• 21 patients: mean daily inpatient census• 4.51 days: average in-patient stay Care Coordination No current benchmark	<u>Activities</u> 1) Expand the availability of certain high-demand specialty services at LAC+USC jail clinic. 2) Implement eConsult to improve the response time to specialty referrals from Sheriff Medical Services Bureau (MSB). 3) Transfer community patients, at County expense, to other inpatient facilities when census on jail inpatient ward exceeds capacity and "off-warding" is necessary. 4) Expand jail emergency room staffing to manage increased workload of transfers from MSB. <u>Outputs</u> 1) Maintain similar access to specialty care standards as DHS provides its general patient population by providing specialty care services to an additional 2,250 N3 inmates. 2) eConsult implemented for OB/Gyn/Urology and Cardiology came on board 12/1/2014. Average turnaround time from consult initiation to appointment scheduled is 19.3 days. 3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital. 4) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time (i.e., cancer chemotherapy, hip replacement). Total of 71 jail patients received care coordination services in 2nd Qtr FY 2014-15.

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
		3D. <u>Jail In-Reach Program</u> DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.	Continue co-facilitating weekly community readiness and re-entry groups. <u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services. <u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients will be successfully linked to community services upon release from jail.	<u>Re-Entry Planning Services</u> 1st Qtr: 1 (33%) of 3 Male AB109 clients and 8 (61%) of 13 Female AB109 clients that attended In-Reach groups received re-entry planning services as evidenced by a referral to CRM for linkage. 2nd Qtr: 8 (17%) of 48 Male AB109 clients and 4 (29%) of 14 Female AB109 clients that attended In-Reach groups received re-entry planning services as evidenced by a referral to CRM for linkage. 3rd Qtr: 30 (31%) of 96 Male AB109 clients and 22 (100%) of 22 Female AB109 clients that attended In-Reach groups recieved re-entry planning services as evidenced by a referral to CRM for linkage <u>Post-Release Treatment</u> 1st Qtr: 0 (0%) of 9 Men and Women AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail. 2nd Qtr: 1 (12.5%) of 8 Men's AB109 Jail In-Reach participants and 0 (0%) of 4 Women's AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail. 3rd Qtr: 5 (17%) of 30 Men's AB109 Jail In-Reach participants and 3 (14%) of 22 Women's AB109 Jail In-Reach participants that were referred to CRM for linkage were successfully linked to community services upon release from jail. <u>Recidivism</u> Year-to-date, 0 Males and 1 Female of the 9 AB109 Jail-In Reach participants who were successfully linked to community services were subsequently re-arrested.	
4. Pilot Program	<u>Alternative Custody</u> Program is in development. Funding has been set aside.	TBD			
5. Other Revenue	[Medi-Cal FFP, State EFPSDT SGF, MCE]				
DEPARTMENT OF HEALTH SERVICES					
1. Inmate Medical Services at LAC+USC Medical Center	AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	1) DHS has capability so that ALL specialty clinic referrals from MSB are addressed either by eConsult or a face-to-face visit within 30 days of receipt. 2) No inmates requiring inpatient services that are brought for evaluation at LAC+USC are off-warded at a non-DHS facility. 3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital. 4) At least 75 inmates with complex medical conditions receive active care coordination services between DHS and MSB. 5) Maintain similar access to specialty care standards as DHS provides its general patient population. 6) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time. (i.e., cancer chemotherapy, hip replacement, etc.).	<u>Outpatient Services</u> 1st Qtr 709 visits, 2nd Qtr 783 visits & Q3 687 visits = 2,179 specialty care visits YTD 1st Qtr 235 ED visits, 2nd Qtr 344 & 3Q 185 ED visits = 764 emergency department visits YTD 2,943 N3 Total Visits <u>In-patient Services</u> 235 Total N3 patients (cumulative) with 975 Total patient days YTD <ul style="list-style-type: none">172 new N3 admissions to jail ward63 new N3 admissions off jail ward3.58 patients: mean daily N3 inpatient census4.7 days: average in-patient LOS for N3 patients In the 3rd Qtr FY 2014-15, there were no inmates who required admission to a general hospital bed off the jail ward because the jail ward was full. All off ward patients were for non-medicine beds. <u>Wait Times</u> 4-6 weeks for most non-urgent specialty visits. Orthopedics was added to eConsult on 3/8/15 and is the highest volume specialty clinic. The average time from consult initiation for services on eConsult (OB/Gyn/Urology/Cards/Orthopedics) to an appointment scheduled is 9.2 days for the 3rd Quarter, a significant improvement from 19.3 for the 2nd quarter. The total turnaround time from consult start to appointment date is 27.4 days. <u>Care Coordination</u> Care coordination staff was hired to focus on jail patients in late July 2013. A total of 153 cases were care coordinated in the 3rd Qtr FY 2014-15. DHS has automated a care coordination field in the Affinity medical record which allows for the seamless referral of inmates to DHS resources.	Urgent specialty visits are now more seamlessly expedited and completed as a result of our collaborative information sharing efforts between LASD MSB and DHS. The success of DHS assumes that DHS and MSB continue to successfully move toward implementation of eConsult and that MSB medical providers use their access to DHS's Affinity health record and that DHS providers have adequate access to the Sheriff's Cerner electronic health records, JHIS. Cardiology services was implemented in eConsult on 12/1/2014. Orthopedics services started referrals via eConsult on 3/8/2015. Ophthalmology will be rolled out in May, 2015 and the remaining specialties will be scheduled to implement eConsult by year-end.	

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
D H S	2. PRCS Medical Care Coordination	PRCS who are medically fragile or have complex medical issues are currently being released from State prison with little to no planning for how to provide them the medical services they need.	PRCS (medically fragile)	To review all cases for medically fragile PRCS released to Los Angeles County.	<u>Activities</u> 1) Hire a registered nurse and clinical social worker to be co-located with probation and mental health staff at Alhambra pre-release center. 2) Create an electronic tool to document and track medical services needs (primary care, specialty care, durable medical equipment, medications, and support services) for medically fragile PSPs. <u>Outputs</u> 1) Provide care coordination/care management services to at least 100 PRCSs defined as medically fragile by DHS and Probation. 2) Document and track the medical needs of targeted PSPs within the PSPs Medical Care Coordination tracking tool.
	3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	PRCS (medically fragile)	To establish in FY 2014-15.	1) Identify strategies to locate appropriate medically enhanced housing capable of accepting medically fragile PRCSs. 2) Invest in and leverage DHS flexible housing subsidy pool to finance placement when needed. 3) Streamline enrollment of medically fragile PRCSs into benefit programs (i.e., SSI, Medicaid, etc.) in order to secure ongoing funding for such placement.
	CHIEF EXECUTIVE OFFICE		\$ 337,000		
	AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	Board of Supervisors County Departments	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.
	AUDITOR-CONTROLLER		\$ 517,000		
	1. Claims Processing	Review and process realignment claims as submitted by the departments.	County Departments	<ul style="list-style-type: none">Monthly cash reconciliationReview and process quarterly department claims	<ul style="list-style-type: none">Process State AB109 remittance.Perform monthly cash reconciliation.Review and process quarterly department claims.
	2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	Other - County Departments that receive AB109 funding.	Completed audits for seven of the ten departments that receive AB109 funding, including the three higher risk departments (Sheriff's, Probation, and Mental Health). No audit reports issued.	Work with departmental managers and staff to identify and disposition audit findings. Work with A-C Accounting to determine proper claiming procedures and calculations. Issue audit reports with results.
	CCJCC		\$ 3,178,000		

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
D H S	2. PRCS Medical Care Coordination	PRCS who are medically fragile or have complex medical issues are currently being released from State prison with little to no planning for how to provide them the medical services they need.	DHS has staff and tools available to ensure PRCSs returning to LAC requiring significant medical services have a Care Plan created prior to release from State custody so when they arrive in LAC they have appointments arranged as necessary and medical equipment or medications as required. <u>Care Coordination/Management Services</u> At least 100 medically fragile PRCSs receive care coordination services from DHS staff located in the pre-release center.	DHS began receiving and reviewing medical records information from CDCR on August 26, 2014 for PRCS designated by CDCR as high or medium medical risk and scheduled to be released within 60 days. An electronic tracking log has been created and is in use by the DHS staff to track cases requiring active case management, including patient diagnoses, medical and housing needs, and services arranged or recommended. The Probation department is working on developing an Access database that will also assist in tracking this information. <u>Services</u> From January - March 2015, 58 new, unduplicated medically fragile PSPs received care coordination/management services provided by the DHS nurse. Many require care coordination across several months; in a given month, active case management and follow-up is being provided for an average of 50 patients at a time. From Jan-March 2015, the DHS nurse also reviewed a total of 592 record packets to assess PSP medical/service needs, including 223 sets of medical records transmitted by State CDCR through the secure electronic portal.	The originally assigned DHS social worker left this project last year, and a new social worker has been hired as of March 16, 2015. She is now beginning to take on a caseload and will significantly expand DHS' capacity for this project.
	3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	1) Identify 70 placements capable of accepting medically fragile PRCSs. 2) Place the projected 60 medically fragile PRCSs who we expect will require medically enhanced housing upon their release and return to Los Angeles County.	1) Have identified mechanism to use flexible housing spending subsidy pool for this purpose. 2) Have engaged the flexible housing spending pool contractor, Brilliant Corners, who has begun to identify appropriate placement site for medically fragile PRCSs. Processes for release of information and interagency coordination have been established. 3) Through March 30, 2015, no PSPs have yet been placed in medically enhanced housing. The DHS nurse is working with Probation staff to identify appropriate candidates.	In Quarter 3, several PSPs who were identified as needing a Board and Care level of residential placement and whom Brilliant Corners attempted to place through this mechanism either refused placement, found alternative placements or terminated PRCS. A communication was sent out to all DPOs to identify additional candidates, and several have now been identified. We expect to be able to place the first PSPs in Q4.
CHIEF EXECUTIVE OFFICE					
	AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.	
AUDITOR-CONTROLLER					
	1. Claims Processing	Review and process realignment claims as submitted by the departments.	<ul style="list-style-type: none">• Process State AB109 remittance.• Perform monthly cash reconciliation.• Review and process quarterly department claims.	<ul style="list-style-type: none">• Issued quarterly claims deadlines• Process State AB109 remittance.• Perform monthly cash reconciliation.• Review and process quarterly department claims.	AB109 claims are being reviewing and processed timely and in accordance with the County Fiscal Manual and the Government Code.
	2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	Fiscal Year (FY) 2013-14 audits: -Complete the audits of the remaining three departments by 9/30/14. -Estimated issuance of the audit reports for all ten reviews by 1/30/15. FY 2014-15 audits: -Per the fiscal audit schedule, perform quarterly reviews of the higher risk departments (Sheriff's, Probation, Mental Health), and perform an annual review of the seven lower risk departments. Estimated completion and issuance by 6/30/15.	FY 13-14 audits: -Completed the audits of all ten departments. -Issued audit report for Fire Department on 9/29/14. -Issued audit report for Probation on 11/3/14. -Issued audit report for Sheriff on 2/19/15 -Issued audit report for lower risk depts on 2/13/15 -DMH audit report with A-C management for review. FY 14-15 audits: -Audits of Sheriff's and Probation are near completion. -Audit of DMH is in progress. -Audits of lower risk depts to commence by May 2015.	
CCJCC					

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
C C J C C	1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	County Departments	Establishment of a Criminal Justice Research and Evaluation Master Agreement.	Obtain Board of Supervisors approval to execute criminal justice research and evaluation master agreements with qualified providers.
	2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Board of Supervisors County Departments	Coordinate and administer work of the Public Safety Realignment Team and its various work groups, including Legal Work Group, Treatment Work Group, and Law Enforcement Work Group.	Coordinate, prepare, and submit realignment reports to the Board per the Board's direction to document workload impact on departments, implementation progress, emerging issues/challenges, and strategies for improving outcomes.
ISAB			\$ 994,000		
I S A B	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	County Departments	<u>N3 Reports</u> Development of 2 sets of Non-serious, Non-Sexual, Non-violent (N3) related statistical reports. <u>New Staff</u> Hiring of 1 new developer staff to oversee the JAIMS project. <u>JAIMS-TCPX Interface</u> Create interface with the Treatment Courts Probation Exchange (TCPX) System.	<u>N3 Reports</u> ISAB to provide business requirements and direction to ISD Cognos development team to build N3 statistical reports <u>New Staff</u> Requesting budgeted staff <u>JAIMS-TCPX Interface</u> 1. Coordinate with Public Health Office as owner of data to obtain AB 109 subjects' health and substance abuse treatment information 2. Evaluate/implement ways to execute data interface between JAIMS and TCPX
TOTAL GENERAL OPERATIONS BUDGET			\$ 331,684,000		
DISTRICT ATTORNEY			\$ 2,899,000		

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
C C J C C	1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	<ul style="list-style-type: none">• Implement PSRT process for reviewing AB109 project proposals;• Initiate development of scope of work for a global AB109 outcome study;• Conduct competitive process for vendor selection.	CCJCC, Probation, DMH, LASD, and DPH-SAPC, have met to develop the Scope of Work for a comprehensive evaluation of AB 109. CCJCC continued to work with vendors, based on the Master Agreement approved by the Board during quarter two, to finalize contracts. Six organizations executed Master Agreements in quarter three.	Based on feedback from multiple departments, CCJCC will work with Probation to finalize the scope of work which will be incorporated in the request for evaluation services released by Probation to Master Agreement firms.
	2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	During this reporting period, our office coordinated meetings of the Public Safety Realignment Team, Parole Revocation/Legal Workgroup, and Treatment Workgroup. CCJCC coordinated and developed the AB 109 Year-three report presented at the January 27th Board Meeting. Our office convened and coordinated an LA County delegation to the 4th Annual Conference on Public Safety Realignment. A representative of CCJCC also attended the conference. CCJCC continues to coordinate ongoing data collection that can support future evaluation and reports to the Board. As directed by the Board, CCJCC has convened in several meetings to develop policies and procedures for collecting restitution from individuals involved with AB 109. A report on this issue is scheduled for Board presentation on August 2015.	Proposition 47 significantly altered AB 109 implementation issues. CCJCC convened several discussions to coordinate process changes that are occurring as a result of Prop. 47 so that work flow issues and data collection mechanisms are addressed.
ISAB					
I S A B	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	<u>N3 Reports</u> Cognos statistical reports on N3 deployed in production and accessible by JAIMS users. <u>New Staff</u> To be requested in FY 2015-16 budget. <u>JAIMS-TCPX Interface</u> Complete software evaluation and implementation to replicate TCPX data to JAIMS as a milestone.	<u>N3 Reports</u> Demographic statistical reports for N3 subjects completed and deployed to production. N3 Restitution Reports completed and deployed to production. <u>New Staff</u> Temp staff started January 26, 2015. <u>JAIMS-TCPX Interface</u> MOU for the data exchange submitted to Public Health with ISAB awaiting feedback. Interface architecture has been identified. Software procurement for database replication is underway.	<u>N3 Reports</u> Benchmark met. <u>New Staff</u> Temp staff started January 26, 2015 3rd quarter cost \$63,548 <u>JAIMS-TCPX Interface</u> Need to discuss and iron-out data exchange requirements/concerns with Department of Public Health and County Counsel.
TOTAL GENERAL OPERATIONS BUDGET					
DISTRICT ATTORNEY					

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.
TOTAL AB109 BUDGET			\$ 337,783,000		
D A	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	PRCS Parolees	Case by case.	Investigation and prosecution of revocation cases
	PUBLIC DEFENDER		\$ 2,185,000		
P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	PRCS Parolees	<u>New Cases</u> Department 83 (PRCS): 6,544 Department 81 (Parole): 2,396 Total Cases: 8,940	Legal representation of revocation cases.
	ALTERNATE PUBLIC DEFENDER		\$ 965,000		
A P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	PRCS Parolees	<u>New Cases</u> Department 83 (PRCS): 1,429 Department 81 (Parole): 497 Total Cases: 1,926	Legal representation of revocation cases.
	CONFLICT PANEL		\$ 50,000		
TOTAL REVOCATION BUDGET			\$ 6,099,000		

		ISSUE	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET					
D A	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	Case by Case.	Dept. 80 (Parole evidentiary hearings) 680 matters Dept. 81 (Parole arraignments and pleas with occasional probable cause hearings) 2,939 matters Dept. 82 (PRCS prehearing conferences and full evidentiary hearings) 3,041 matters Dept. 83 (PRCS arraignments, settlements, warrant pick-ups, and some prehearing conferences) 4,459 warrants and 2,677 calendar Total Cases: 13,796	
	PUBLIC DEFENDER				
	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	Complete assigned cases.	<u>New Cases (cumulative)</u> Department 83 (PRCS): 5,066 Department 81 (Parole): 1,861 Total Cases: 6,927	
	ALTERNATE PUBLIC DEFENDER				
A P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	Complete assigned cases.	<u>New Cases (cumulative)</u> Department 83 (PRCS): 1,060 Department 81 (Parole): 368 Total Cases: 1,428	
		CONFLICT PANEL			
		TOTAL REVOCATION BUDGET			

FY 2014-15 PUBLIC SAFETY REALIGNMENT (AB109)
Summary of Department Budget and Claims
(as of March 31, 2015)

DEPARTMENT	BUDGET	STAFF
Probation*	\$ 75,805,000	506
Sheriff**	\$ 181,072,000	577
Fire	\$ 5,045,000	0
Department of Public Health (DPH)	\$ 16,428,000	13
Department of Mental Health (DMH)	\$ 32,031,000	80
Department of Health Services (DHS)	\$ 16,277,000	50
Chief Executive Office (CEO)	\$ 337,000	0
Auditor-Controller (A-C)	\$ 517,000	1
BOS-CCJCC	\$ 3,178,000	1
BOS-ISAB	\$ 994,000	0
Total General Operations Budget	\$ 331,684,000	1,228

District Attorney (DA)	\$ 2,899,000	18
Public Defender (PD)	\$ 2,185,000	13
Alternate Public Defender (APD)	\$ 965,000	5
Conflict Panel	\$ 50,000	0
Total Revocation Budget	\$ 6,099,000	36

TOTAL AB109 BUDGET	\$337,783,000***	1,264
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1 ST QTR CLAIM	2 ND QTR CLAIM	3rd QTR CLAIM	TOTAL CLAIMS (1st + 2nd + 3rd QTR)	1 ST QTR REIMBURSEMENT	2 ND QTR REIMBURSEMENT	3rd QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st + 2nd + 3rd QTR)	UNREIMBURSED COSTS	HIRED STAFF
\$ 18,237,587	\$ 24,953,925	\$ 20,832,286	\$ 64,023,798	\$ 17,435,150	\$ 19,302,929	\$ 17,435,150	\$ 54,173,229	\$ 9,850,569	379
\$ 73,546,491	\$ 65,716,246	\$ 46,539,068	\$ 185,801,805	\$ 41,646,560	\$ 41,646,560	\$ 41,646,560	\$ 124,939,680	\$ 60,862,125	538
\$ 75,277	\$ 1,609,352	\$ 1,043,672	\$ 2,728,301	\$ 75,277	\$ 1,609,352	\$ 1,043,672	\$ 2,728,301	\$ -	0
\$ 1,347,193	\$ 2,212,506	\$ 2,775,039	\$ 6,334,738	\$ 1,347,193	\$ 2,212,506	\$ 2,775,039	\$ 6,334,738	\$ -	10
\$ 3,887,795	\$ 4,753,726	\$ 4,752,934	\$ 13,394,455	\$ 3,887,795	\$ 4,753,726	\$ 4,752,934	\$ 13,394,455	\$ -	72
\$ 2,773,126	\$ 3,117,324	\$ 1,783,069	\$ 7,673,519	\$ 2,773,126	\$ 3,117,324	\$ 1,783,069	\$ 7,673,519	\$ -	36
\$ 48,190	\$ 45,431	\$ 46,319	\$ 139,940	\$ 48,190	\$ 45,431	\$ 46,319	\$ 139,940	\$ -	0
\$ 63,637	\$ 15,480	\$ 81,659	\$ 160,776	\$ 63,637	\$ 15,480	\$ 81,659	\$ 160,776	\$ -	0
\$ 55,446	\$ 57,167	\$ 56,557	\$ 169,170	\$ 55,446	\$ 57,167	\$ 56,557	\$ 169,170	\$ -	1
\$ 179,302	\$ 176,275	\$ 294,223	\$ 649,800	\$ 179,302	\$ 176,275	\$ 294,223	\$ 649,800	\$ -	0
\$ 100,214,044	\$ 102,657,432	\$ 78,204,826	\$ 281,076,302	\$ 67,511,676	\$ 72,936,750	\$ 69,915,182	\$ 210,363,608	\$ 70,712,694	1036

\$ 810,191	\$ 753,998	\$ 748,489	\$ 2,312,678	\$ 810,191	\$ 753,998	\$ 748,489	\$ 2,312,678	\$ -	16
\$ 570,927	\$ 518,968	\$ 547,994	\$ 1,637,889	\$ 570,927	\$ 518,968	\$ 547,994	\$ 1,637,889	\$ -	11
\$ 189,634	\$ 161,926	\$ 265,484	\$ 617,044	\$ 189,634	\$ 161,926	\$ 265,484	\$ 617,044	\$ -	5
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
\$ 1,570,752	\$ 1,434,892	\$ 1,561,967	\$ 4,567,611	\$ 1,570,752	\$ 1,434,892	\$ 1,561,967	\$ 4,567,611	\$ -	32

\$ 101,784,796	\$ 104,092,324	\$ 79,766,793	\$ 285,643,913	\$ 69,082,428	\$ 74,371,642	\$ 71,477,149	\$ 214,931,219	\$ 70,712,694	1,068
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*Probation claims have exceeded their quarterly reimbursement cap by \$9,850,569 (\$802,437 for the 1st Qtr, \$5,650,996 for the 2nd Qtr, and \$3,397,136 for the 3rd Qtr). **Sheriff claims have exceeded their quarterly reimbursement cap by \$60,862,125 (\$31,899,931 for the 1st Qtr, \$24,069,686 for the 2nd Qtr, and \$4,892,508 for the 3rd Qtr). Claims exceeding the quarterly cap will need to be absorbed by the department until the end of the fiscal year; whereupon, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. ***\$317,576,000 State budget allocation + \$20,207,000 in AB109 County Reserve Funding for a total AB109 budget of \$337,783,000.

MULTI-DEPARTMENT PLAN FOR MEASUREMENT OF JUSTICE SYSTEM PERFORMANCE

1. **Existing Performance Measures** – Departments will provide status updates on existing performance measures that were established for FY 2014-15. These updates will be the basis of the July 28th AB 109 report to the Board.
2. **Establishment of New AB 109 Performance Measures for 2015-16** – Departments will work with Board offices and CEO to establish new performance measures. CCJCC and Probation have engaged the National Institute of Corrections for assistance from an expert in the field of criminal justice metrics with this process. Performance updates on these measures will then be the basis of quarterly reports to the Board next fiscal year and beyond.
3. **Justice Automated Information Management Statistics (JAIMS)** – The Information Systems Advisory Body (ISAB), a subcommittee of CCJCC, is building the JAIMS system to provide an ongoing and real-time source of justice statistics. A Cognos-based system, JAIMS consolidates data from various justice information systems, matches records via unique identifiers, and generates anonymized sets of statistics to facilitate outcome measurement.
4. **AB 109 Comprehensive Evaluation** – Departments have met to discuss the components of a statement of work for a comprehensive AB 109 outcome study. Probation will serve as the lead agency/monitor on the project. The SOW is being finalized, and Probation will release the request for services to vendors on CCJCC's Criminal Justice Research and Evaluation Services Master Agreement.
5. **Committee on Justice Metrics and Analytics** – CCJCC proposes to create a standing committee on justice metrics and analytics to serve the following purposes:
 - a. Promote ongoing outcome measurement in the justice system
 - b. Define county standards for outcome measurements
 - c. Identify sources of data for evaluation purposes and help resolve data access issues
 - d. Identify gaps in data collection that can/should be addressed to promote measurement
 - e. Utilization of CCJCC's Master Agreement for criminal justice research and evaluation

Public Safety Realignment Summary of Implementation Data

OCT 2014

NOV 2014

DEC 2014

JAN 2015

FEB 2015

MAR 2015

APR 2015

Total

Postrelease Community Supervision

Pre-Release Packets

1	No. pre-release packets received	652	484	468	526	503	552	539	3,724
2	No. pre-release packets processed	718	518	461	436	493	603	490	3,719
3	No. pre-release packets deemed ineligible (of those processed)	10	7	96	20	19	18	14	184
4	No. PSPs released with Special Handling Requirements	7	8	9	6	1	4	6	41
5	No. of PSPs released as registered sex offenders	42	5	14	12	11	19	22	125
6	No. address verifications conducted	265	169	226	170	217	317	210	1,574
7	No. homeless/transient PSPs per CDCR	20	57	51	67	70	60	67	392

PSP Reporting Population

8	No. PSPs released to County per pre-release packet dates	540	443	550	606	521	607	695	3,962
9	No. PSPs directly released to County per CDCR LEADS	522	482	513	539	417	455	440	3,368
10	No. PSPs released to Federal custody with ICE detainer	15	20	25	26	26	27	22	161
11	No. of PSPs released to the community by ICE	1	1	1	0	5	1	3	12
12	No. PSPs released to other jurisdiction custody	26	22	28	31	18	25	27	177
13	No. PSPs transferred to L.A. County from other counties	36	24	30	18	40	27	19	194
14	No. PSPs transferred from L.A. County to other jurisdictions	33	31	30	39	34	32	22	221
15	No. PSPs processed at hubs (intake/assessment)	495	371	513	465	421	422	394	3,081
16	Male	462	348	477	438	385	406	368	2,884
17	Female	33	23	36	27	36	16	26	197
18	No. PSPs by risk tier, as assessed at hubs:								
19	Low Risk	2	1	7	5	3	3	3	24
20	Male	1	1	7	4	2	2	1	18
21	Female	1	0	0	1	1	1	2	6
22	Medium Risk	76	76	114	84	83	88	82	603
23	Male	65	72	101	75	73	86	77	549
24	Female	11	4	13	9	10	2	5	54
25	High Risk	355	261	343	330	299	298	263	2,149
26	Male	335	242	323	315	277	286	246	2,024
27	Female	20	19	20	15	22	12	17	125
28	Very High Risk	62	33	49	46	36	33	46	305
29	Male	61	33	46	44	33	32	44	293
30	Female	1	0	3	2	3	1	2	12
31	No. PSPs who are veterans	16	10	6	9	7	17	5	70

PSP "No-Show" and Absconder Population

32	No. "no-show" notifications to Sheriff	16	9	12	21	31	28	19	136
33	No. Sheriff and LAPD attempts to contact "no-show" PSPs	9	8	14	21	31	28	19	130
34	No. warrants requested for absconders*	677	446	672	531	615	556	616	4,113
35	All warrants issued	574	491	644	539	638	559	656	4,101
36	All warrants recalled	438	364	492	523	569	572	564	3,522
37	No. of active warrants remaining**	3,380	3,485	3,633	3,404	3,461	3,444	3,533	3,533

* Does not include the number of Deportation Warrants. An additional 1,465 Deportation warrants were requested through April 2015.

**The number of active warrants remaining is cumulative and includes remaining warrants from previous months. Number of active warrants includes 1,330 Deportation Warrants through the month of April 2015.

PSP Violations/Revocations/New Charges

38	No. of petitions for revocations (other than warrants)	109	87	84	86	114	106	94	680
39	Pending Revocation Hearing	0	8	0	9	2	2	2	
40	No. of Revocation Hearing Cases Heard	400	182	328	557	399	454	583	2,903
41	Revocation Results								
42	Custody 1 - 10 days	0	0	1	0	0	0	1	2
43	Custody 11 - 45 days	5	4	10	8	9	21	9	66
44	Custody 46 - 90 days	64	39	40	34	65	60	75	377

Public Safety Realignment Summary of Implementation Data

OCT 2014 NOV 2014 DEC 2014 JAN 2015 FEB 2015 MAR 2015 APR 2015 Total

45	Custody 91 - 180 days	229	86	186	174	167	186	168	1,196
46	Custody days, other	0	0	0	0	0	0	0	0
47	Other (Continuances, Bench Warrants, etc.)	102	53	91	321	158	187	330	1,242
48	No. of PSP arrests / bookings	1,048	930	1,073	1,260	1,204	1,303	1,311	8,129
49	No. arrests/bookings for prior matters	45	49	63	65	58	63	52	395
50	No. arrests/bookings for new offenses and flash incarcerations	976	848	964	1,162	1,110	1,211	1,232	7,503
	No. bookings for flash incarceration (AB 109 Supervision Only)	27	33	46	33	36	29	27	231

Sanctions

51	No. of verbal warnings	300	217	281	313	345	350	253	2,059
52	Increase reporting (to DPO) requirements	46	41	41	38	54	57	58	335
53	Additional conditions of supervision	5	3	1	4	2	7	2	24
54	PAAWS (Cal Trans)	6	5	3	3	5	2	2	26
55	Referral to Treatment Program	21	17	25	24	37	65	78	267
56	Flash incarceration (Supervision and Warrants)	739	680	762	873	820	805	750	5,429
57	GPS/EM	0	0	0	0	0	0	0	0

Mental Health Treatment Services

58	No. of pre-release packets forwarded to DMH for review at PRC	103	82	70	36	53	65	28	437
59	No. of mental health treatment conditions added by Probation***	162	137	145	83	75	139	94	835
60	No. DMH determinations -- treatment needed	304	277	339	349	294	345	378	2,286
61	No. of PSPs refusing Mental Health Services at Hubs	2	1	1	6	0	0	0	10

*** Data are reported according to the PSP month of release.

Substance Abuse Treatment Services (Based on month of assessment)

62	No. of Hub referrals made to CASCs at Hub	283	205	275	265	206	208	175	1,617
63	No. of substance abuse treatment conditions added by Probation***	377	289	261	196	177	299	217	1,816
64	No. of narcotics testing orders added by Probation***	399	301	291	237	205	329	263	2,025
65	No. of PSPs showing at CASCs for assessment	518	443	556	540	516	603	520	3,696
66	No. of CASC treatment referrals	316	257	327	342	281	323	308	2,154
67	No. of PSPs entering treatment****	102	83	93	0	71	84	82	515

Referrals for other Services (Based on month of assessment)

68	No. PSPs screened for benefits eligibility by DPSS	219	189	189	232	177	191	185	1,382
69	No. PSPs who DPSS referred to local DPSS office	151	115	114	141	95	104	90	810
70	No. PSPs enrolled in:	2,453	2,425	2,447	2,489	2,561	2,596	2,524	17,495
71	MediCal	5	6	6	4	5	5	2	33
72	Med/CF	35	34	31	30	29	38	27	224
73	General Relief	169	177	172	163	197	229	182	1,289
74	CalFresh	1,086	1,094	1,086	1,146	1,131	1,077	1,062	7,682
75	CalFresh and General Relief	1,158	1,114	1,152	1,146	1,165	1,215	1,212	8,162
76	CalWorks/CalFresh	0	0	0	0	0	0	3	3
77	Number of Healthy Way L.A. applications filed (from Hub) ¹								0
78	No. of PSPs enrolled in Healthy Way L.A.								0
77	Number of Medi-Cal applications filed (from Hub) ¹	9	10	6	12	21	9	10	77

¹ As of January 2014 the Affordable Care Act expanded access to health coverage, making HWLA recipients eligible for Medi-Cal.

Referrals for HealthRight 360 (Formerly Haight-Ashbury)

78	No. of PSPs referred this month	551	470	514	548	420	502	534	3,539
79	No. of Referrals	740	595	657	689	507	667	706	4,561
80	Board and Care	0	0	0	0	0	0	0	0
81	Transportation	0	0	0	0	0	0	0	0

